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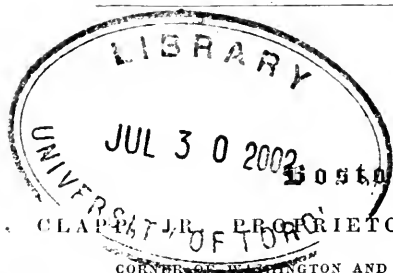
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EDITED BY J. V. C. SMITH, M.D.

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No. 1.

INFLUENCE OF MALARIOUS ATMOSPHERE IN THE PREVENTION AND CURE OF PHTHISIS PULMONALIS.

BY HORACE GREEN, M.D., OF NEW YORK, PROF. OF THE THEORY AND PRACTICE OF
MEDICINE IN THE VT. ACADEMY OF MEDICINE.

DURING the ten years preceding 1836, I was engaged in a somewhat extensive country practice, in Rutland, Vt.—a place where pulmonary affections are unusually rife. In the commencement of my practice there, I was led to observe that, whilst the deaths of nearly one half of the adults who died at this place were caused by consumption, other places, in its immediate vicinity, were almost entirely exempt from the disease. This fact early led me to inquire why the inhabitants of places so immediately contiguous to each other, and, apparently, subjected to the same influences of climate, habits, &c., should be so widely different in the degree of immunity from this disease? It is only a few of the results of these inquiries that I propose, at this time, to submit to the reader.

Rutland is situated on the west side of the Green Mountains, and contains about three thousand inhabitants. It is divided into two parishes by Otter Creek, which runs through the centre of the town. The soil, which is alluvial, is wet and loamy, the atmosphere humid. The climate, during the spring and autumn, is extremely variable. The summers hot, and the winters long and cold. The thermometer, for many days during the summer, will range from 80 to 96 degrees Fahrenheit, and, in winter, it has frequently fallen to 18, 20, and even 26 degrees below zero. The number of deaths in Rutland, for the last ten years, has been three hundred and eighty. The number of adults (over twenty years) about one hundred and eighty. Of this last number, nearly one half have died of phthisis pulmonalis. The cold and humid climate, the vicissitudes of temperature, and the long and severe winters, may account for this unusual frequency of pulmonary diseases.

Whitehall, in Washington County, N. Y., is about 20 miles west of Rutland, and contains about the same number of inhabitants. It is situated at the mouth of Wood Creek, which empties into Lake Champlain. This town is bounded on one side by low, marshy grounds, which are filled with stagnant waters, and from which, during the summer months, malarious exhalations are constantly rising; producing, in the vicinity, an abundance of intermittent and remittent fevers. Indeed, so common are intermittents here, that the remark has become prover-

bial, "To go to Whitehall, is to get the ague and fever." Yet consumption is seldom or never known in Whitehall. I have been at much pains in making inquiry, and I have not been able to learn that a single unequivocal case of *indigenous* phthisis has occurred in Whitehall during the last 10 years. All the other lake towns in that region, so far as I have been able to ascertain, where intermittents prevail, are equally exempt from pulmonary phthisis. From these facts, and others which I shall mention, I have been so well convinced of the incompatibility of consumption and intermittents, that, for several years, I have been in the practice of advising my consumptive patients to visit places where an aguish atmosphere prevailed. In many instances the result has been decidedly beneficial.

The following are a few cases illustrative of its effects :

Case I.—A young lady, aged 16, had been laboring, for several months, under symptoms of incipient phthisis. She was hereditarily predisposed to the disease. Her mother and an elder sister had died of consumption ; and several near relations on her father's side. The prominent symptoms were, a short, dry cough ; pain in the left side ; a burning in the palms of the hands—particularly at night ; dyspnœa following the least exercise ; lassitude, &c. Symptoms which were remarked by herself and the family as being the same with which her elder sister, who had died, had been affected. With the other members of the family, medicine had had, apparently, no salutary effect. Indeed, it seemed to have hurried them with greater rapidity to the grave. Under these circumstances, I advised her father to send her into the vicinity of the lakes, where she might be subjected to the influence of an *intermittent* atmosphere. For this purpose she spent the summer of 1831 in Whitehall. She had not been there many months before there was an evident improvement in her symptoms. Before the close of summer she had an attack of intermittent fever. It was slight—having ceased after one or two paroxysms. Her improvement, after this, was rapid ; and, before winter, she returned to her father with restored health. She is now married to a gentleman in New York, and up to the present time has enjoyed uninterrupted health.

Case II.—Was that of a lady aged about 30, who also had the hereditary taint. For several years she had been threatened with consumption ; but by care and prudent management, the disease, for a long time, was kept at bay. At length her symptoms became more alarming, being decidedly those which mark the incipient stage of phthisis pulmonalis. Aware of her danger, she was induced, in 1830, to take up her residence in one of the lake towns, where she could enjoy the benefit of an intermittent atmosphere. A few months after her removal to this place, I saw her, and found her restored to almost perfect health. She is still residing in that town, and in the enjoyment of good health, having had no return of her pulmonary affection.

The two following cases came under my observation in this city.

Case III.—A young gentleman, about 24 years old, of a consumptive family, suffered severely from an attack of the influenza, which prevailed to some extent in New York, in the winter of 1837. He

came under my care in the latter part of that winter, at which time he exhibited the following symptoms: A frequent, hard cough, unattended with much expectoration; constant pain in the chest; pulse 100; debility; loss of appetite; tongue coated; respiration a little accelerated; skin hot and dry, during the latter part of the day, with some perspiration at night.

The ordinary remedies were employed, which were followed with some abatement of the cough and the pain in the chest.

On the 10th day after I first saw him, he commenced expectorating blood, which continued several days. At the end of three weeks, his strength had improved and his cough had considerably abated; but as these primary symptoms of a pulmonary affection still remained in a great degree, I advised his leaving the city and seeking a more genial climate.

He went first to Ohio, where he remained several months; and from thence to Michigan, where, in the spring of 1838, he had an attack of intermittent fever. He returned to this city, about six months ago, in perfect health; not a vestige of that affection remaining, which he carried away with him.

Case IV.—Is that of my friend Dr. Z. H. Harris, of this city, who has kindly furnished me with the facts in relation to it.

In Nov., 1836, Dr. H. caught a severe cold, which was followed by a cough, and, in a week or two, with an expectoration of purulent matter. His cough continuing about three weeks from the attack, hæmoptysis supervened, and this was followed, for some time, with a bloody expectoration.

These symptoms of phthisis becoming more alarming, as the winter advanced, he relinquished his practice and sailed for Mobile, early in January, 1838. So unfavorable did his symptoms appear, at this time, that one of the oldest and most experienced physicians of this city remarked to me, after taking leave of him, that "the Dr. would never live to return to New York."

On the 4th of February he arrived at Mobile, where he remained several months; but went to New Orleans the June following, and from thence to Indiana; where, in August of the same year, he had an attack of ague, which continued for some time. About eight months since he returned to New York in confirmed health, and renewed his practice.

This very day, November the 20th, Dr. Harris visited me, at my office, in good health, and related to me the facts in his case.

I could enumerate other cases which have come under my observation, but will only allude to one other, the history of which was communicated to me by my friend Dr. Woodward, formerly Prof. of Surgery in the Vt. Academy of Medicine. Some time since, a young woman laboring under consumption—apparently in its confirmed, secondary stage—was brought to Castleton, the residence of Professor Woodward, to die among her friends. Her mother resided upon the borders of a small marshy lake, in the westerly part of the town—a neighborhood where all new residents are sure to be affected with intermittent fever. Thither she was carried, and Dr. Woodward was called to attend upon her. He

found her, as he informed me, exhibiting every symptom of ulcerated lungs. Indeed, so apparently hopeless was the case, that the medicines he prescribed were merely palliative; and he informed her friends that no permanent benefit could be expected, in her case, from the adoption of any means.

Several months after this, being in that neighborhood, he learned, with surprise, that his patient was recovering; and on calling to see her, he, in fact, found her nearly restored. Her cough and every other unfavorable symptom had left her. Her health since has been permanently established.

Dr. Woodward gave it as his opinion, that in this case—as well as in some other similar ones with which he has been familiar—the persons were restored to health by breathing an intermittent atmosphere.

In connection with Rutland and this subject, I would allude to one fact, which may not be uninteresting. I have said that this town was divided by Otter Creek. Across this stream, in 1792, a dam was built opposite the village of East Rutland. This obstruction was sufficient to set the water back a distance of three miles; and to cause several hundred acres of swampy land to be overflowed. The next year ague and fever, a disease hitherto unknown in Rutland, made its appearance among the inhabitants living on the borders of this stream. It soon extended to the village of Rutland, which is about one mile from the stream, and during the six or eight succeeding years, almost all the inhabitants were affected with intermittent fever. So general was the disease, and so apparent the cause, that the inhabitants petitioned the Legislature to have the obstruction removed. An act was passed accordingly; and in 1800 the dam was taken away. Intermittent fever immediately disappeared, and from that time to the present has not again recurred. But the fact to which I allude is this. On inquiry of the older inhabitants, I learn that during this period of the prevalence of ague and fever, pulmonary diseases were arrested, and the consumption did not again make its appearance until some time after intermittents had disappeared.

If we examine into the past history of our own city, the same facts will be established. Cadwallader Colden, who wrote an account of the climate and diseases of New York, more than one hundred years ago, says, in speaking of the diseases of that day, “We have few consumptions or diseases of the lungs. I never heard of a broken-winded horse in this country. People inclined to consumption in England, *are often perfectly cured by our fine air.*” It would seem that the climate, at this early period of our country, when the winters were long and intensely cold, would have been much better calculated to induce pulmonary affections than it is at the present day.

According to the testimony of the same writer, the winter then commenced about the middle of November, and continued severe until March. During this period the Hudson river was often “frozen over at the town, where it is about two miles broad and the water very salt, so that people passed over upon the ice in crowds.”

At that time, and for many years subsequent to that period, New York was surrounded with lagoons, and marshy grounds, from whence,

during the summer months, those malarious exhalations arose, which so often proved the exciting cause of "intermittent fevers, cholera morbus and fluxes," which, as the above writer states, were the prevailing diseases of that day.

As improvements have progressed, these fenny grounds and stagnant waters have been drained off, the sunken places filled up, and intermittent fevers have as gradually declined. But with this declension of ague, phthisis pulmonalis has steadily and fearfully increased.

Dr. Morton, in his work on Pulmonary Consumption, observes: "I am satisfied, however, that intermittent fever has not, in this section of the country, proved a preventive against consumption. On the contrary, I have known persons whose constitutions were broken up by incessant attacks of ague and fever, to die of rapidly developed phthisis." But it is not advocated that an attack of intermittent fever, like vaccinia, will shield the system thereafter from a more fatal disease. Had Dr. Morton witnessed, as I am confident I have, the salutary influence of a continued agreeable atmosphere upon phthisical patients, he would have viewed its effects in a different light. I have repeatedly seen symptoms of incipient pulmonary affections—such as usually precede, and, in other cases when neglected, such as have ended in confirmed phthisis—entirely eradicated by a removal to malarious districts; and that, too, when the individuals have never suffered from an ague attack. It is not *over* medication that removes disease, but a judicious and prudent application of remedial agents.

This subject—the influence of climate upon diseases—especially the varied climate of our own country, has not, I am confident, received that attention from medical men which its importance demands. If, indeed, it be true, as some naturalists assert, that "the infinite variety of form, color, constitution, and moral character, which the different nations, tribes and races present upon the surface of this globe, have been marked by the slow hand of time, through the instrumentality of *climate*," what may not be expected from the same agent, in the cure of diseases, when the physical properties of climates, in their different localities, shall be thoroughly investigated, and their influence upon the human constitution, and their *modus operandi* upon diseases, shall be distinctly understood? —*N. Y. Journal of Medicine and Surgery.*

MEDICAL REMINISCENCES.—NO. I.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having been confined for a few days by lameness, I took occasion to look over some of my former records of facts with respect to bills of mortality in the town of my former residence. Wethersfield, Ct., situated on the banks of the Connecticut river, is a fertile town, having an extensive meadow on all its border contiguous to the river. Some part of this meadow is quite low, and is often covered with still water, left by floods in the spring, which usually cover the surface of many hundred acres, leaving a deposit which enriches the soil and makes vege-

tation very luxuriant. Occasional floods, also, take place in the summer and autumnal months, when the earth is covered with vegetation, which, left to decay after the subsiding of the water, becomes a fruitful source of malaria. Autumnal fevers were very frequent in the town; scarcely a season passed without the occurrence of from fifty to one hundred cases in the months of August, September and October; some years there were less, and some more. At times dysentery took the place of the common autumnal disease. One year there occurred about 150 cases of dysentery in the course of a few weeks, the first of which came with a mild form of the disease from the city of New York.

The village of Wethersfield contained, for many years, about 2000 inhabitants; and the town, including two other villages, about 4000, or a little less. The Rev. Dr. Marsh and the Rev. Dr. Tenney, both most respectable clergymen, kept a remarkably accurate table of mortality, from which the following items were taken.

From the year 1775 to the year 1815, inclusive, the average number of deaths was 33 per annum, or 1 of about 60 of the population. From 1815 to 1826, a period of 10 years, the average mortality was 28, which is 1 of 71. In the year 1826 there were in the village more than 80 persons over 70 years of age, and more than 20 of them were over 80, and a few over 90.

In one of the other villages more distant from the river, containing about 650 inhabitants, the following facts were obtained from a source entitled to the fullest confidence.

For 80 years preceding 1826, there had been an average mortality of $8\frac{1}{2}$ per annum, which is 1 of 81 of the inhabitants. In 22 years, ending with 1826, there were 202 deaths: 30 of consumption, 26 of fever, 15 of pleurisy and pneumonia, &c. The greatest number of deaths that occurred in any one year was 18, and the least 2.

This town has varied less in its population than most towns of New England. It was settled in 1635, has been principally an agricultural town, and has few if any more inhabitants now, than during the Revolutionary war, when it was one of the most considerable towns in the State, and at the time of Arnold's defection was the winter quarters of Gen. Washington, Count Rochambeau and other distinguished officers of the American army.

It will not be improper to remark here, that this town had considerable foreign commerce up to the time of the embargo and non-intercourse law, and has at all times had considerable coasting trade, and many seamen exposed to the perils of the deep, and the vicissitudes incident to the sailor's life. Scarcely a year passed, during my residence of more than twenty years in the town, in which more or less lives were not lost by accidents or diseases in foreign climates, which had no inconsiderable influence to increase the bills of mortality.

In my native village, situated on the hills of Litchfield County, Con., my father was the only physician for more than half a century. The village varied in population from 650 to 750, and averaged, for 60 years, about 700. The average number of deaths was 7, or 1 of 100 of the inhabitants. In 1813 the *typhoid pneumonia* proved a terrible scourge

to the country about, in which this village participated, and many cases proved fatal. Previous to this epidemic, for many years the fatality was from 5 to 6 on an average, and did not exceed 1 of 125 of the population. One year, one infant only died. The average deaths from pulmonary consumption, were from 3 to 4, full half that occurred in the village.

I hope I may be pardoned, Mr. Editor, for giving you the longevity of my own ancestors in this connection, as they were all residents in this neighborhood, and many of them in this village.

My paternal grandfather and grandmother lived to a great age; they were connected in marriage 69 years and 10 months. They had nine children, all of whom survived them—7 sons and 2 daughters. My grandfather died at the age of 93, my grandmother at the age of 95. The eldest son died at 91; the second died of the 15th attack of pleurisy, at 75; the third died at 85, the fourth at 84, the fifth at 81, the seventh at 85, which was my father; and the sixth still survives, a healthy, vigorous man, aged 93. The eldest daughter of my grandparents died at 87, and the youngest at 76.

My maternal grandfather lived to be 78 years of age. My maternal grandmother died at 40, of pulmonary consumption. They had 3 daughters and 4 sons. The eldest daughter died at 86, the second about 80, and the third at 78. The eldest son died at 63; the second at 52, of a bilious fever, in the western country. The two youngest still live in their native village, one about 72, and the other 69. All these people lived in the "good old New-England fashion," usually eat animal food once or twice daily, were generally temperate, drank moderately of cider, and still more moderately of wine and distilled spirits.

Worcester, Feb. 4th, 1840.

S. B. WOODWARD.

TREATMENT OF HERNIA.

[Extracted from the letter of a Correspondent.]

EXPERIENCE has now, I think, abundantly proved that in all cases of *reducible* hernia, a proper degree of *pressure*, judiciously applied, and unremittingly persevered in, will, in the course of a few weeks, effectually prevent the protrusion of the bowel. This being accomplished, it is equally certain that if a due degree of pressure be then continued for twelve or eighteen months, varying it from time to time according to the exigencies of the case, as the irritability of the parts and consequent inflammation may render necessary, a change is produced in and about the hernial orifice, that afterwards retains the bowel without the further aid of instruments; in other words, a radical cure is effected. Whether this be the result of "condensation of the cellular substance," "calculus," or "inflammation," or of all combined, is a physiological question for yourself or others to answer. I am accountable only for the fact.

The greatest obstacle in the successful treatment of hernia, is the difficulty of controlling the patient. Physicians so seldom superintend the treatment of this class of patients themselves, that the idea almost

universally prevails that when the truss is applied, no further attention is needed, when in fact the duty of the surgeon only then commences. It is true, that in some rare cases the cure goes on uninterruptedly. From the first application of the instrument the hernia never makes its appearance. But generally the object is not accomplished so easily. The best application to-day may require alteration to-morrow, and again the next day, and in very many cases several weeks' perseverance in the use of instruments is necessary, before the block is made to rest securely over the hernial orifice, and the bowel can be perfectly retained.

In regard to the means employed, I consider a hard block of wood, shaped to the anatomical structure of the part, an indispensable prerequisite in all cases in which the patient is encouraged to expect a radical cure. The common objections to the wooden block do not apply unless it be of improper shape, or be permitted to rest on improper parts, or is pressed with too firm a spring. Patients who undertake the management of their own case, often return in a few days, in great distress, from mal-position of the block. It will generally be found resting on Poupart's ligament, or encroaching upon the os pubis, pressing the spermatic cord between the block and bone. A little discipline of this sort does not very essentially retard the cure. It being a lesson the patient does not very soon forget, fear of its recurrence renders him more manageable during the future treatment.

An answer to the inquiry, "to what kind of truss do you give the preference?" would require more space than a letter, if accompanied with reasons for such preference. From the circumstance of my having, for several years, directed my attention somewhat more to this particular branch of surgical practice than my neighbors, patients have presented in sufficient numbers to afford ample opportunity to acquire some experimental knowledge of the use and application of instruments, and of judging in some degree of their comparative value, in the treatment of the disease. But few trusses have been offered to the public for the last fifteen years, that I have not tested in actual practice, and endeavored impartially to compare with others in common use. While all are found to possess some one or more good qualities to recommend them, in none other have I found that *combination of all* the requisites necessary to the certain and effectual retention of the bowel, that I have found in Dr. Chase's. The several varieties of his instruments being adapted to all the different forms in which the disease usually presents itself in practice, has enabled me to accomplish what I never could with any other truss. There are others with which we can apply as much pressure, and even more; but this is the only instrument with which I can apply it in the *very way* and to just the *extent* I wish, and with so little inconvenience to the patient.* And I know of no other truss that bears very decisive evidence that its inventor or manufacturer possessed any accurate knowledge of the anatomical distinction between the various species of hernia existing in the femoral and inguinal regions. If they

* I would, in justice to myself, here observe that I have no interest whatever in the manufacture or sale of Dr. Chase's trusses, or any other. I use those in practice that will best answer my purpose, regardless of their name or place of manufacture. Should future improvements in others supersede Dr. Chase's, I shall not be slow to adopt them.

were apprised of the fact, the knowledge did not seem to influence the shape or construction of their instruments, as the same formation of pad and of spring is made to bear on the tumor in femoral hernia, as in inguinal; and in ventro-ingual, as in either. This single fact, viewed in its proper light, in connection with the varying circumstances, and pathological distinctions, under which the disease presents itself, must show the futility of any attempt to treat it successfully by means of a single instrument. It is as unreasonable as to undertake to fulfil the indications in the ever varying forms of general disease with Brandreth's pills, or any other pretended specific.

Impressed with the truth of these facts (and I believe them incontrovertible) it is with some surprise that I notice a truss advertised in all your city papers, apparently sanctioned and approved by your most distinguished practitioners, a prominent recommendation of which is that it "*is equally well adapted to all the varieties of hernia*"! Had these eminent surgeons been in the practice of treating their own patients, instead of sending them to mechanics for trusses, they would not have endorsed such an inconsistency. The assertion that the same instrument is equally applicable in femoral as in inguinal hernia, proves either that it is not well calculated for either, or that the person making the assertion has no *practical knowledge* in the application of instruments in the treatment of the disease.

MEDICAL FEES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In reading your Journal of January 29, I was much pleased with your remarks on "*Fees of Physicians.*" As you have publicly broached the subject, why not make an attempt at reform? It is very true that many physicians are made to toil hard, night and day, in foul weather or fair, and wear out a life of usefulness, yet are not able to accumulate anything for their future wants, in case of sickness or old age. There are but few practising physicians who might not lay up something against a time of necessity, if they were not *obliged to lose* so much of their just earnings. The writer of this feels very seriously the sad effects of the advantage which has been taken in relation to collecting his just dues. There are many who, when sick, will make their calculations to defray all their expenses but *the doctor's bill*. When this is presented, poverty is pleaded, sickness has distressed the family, and there is no other way, in the person's mind, than to avoid the debt by saying, I will pay if I am ever able, but now I have nothing. However, it is my sincere opinion, if this person had laid out as much as the amount of his medical attendance for family *superfluities*, he would not hesitate to pay it; this is too often done. To be sure, there are cases of exception, and many families may be sick which are honestly *poor*. It must be acknowledged that it is difficult for one or two to adopt any regular rules in making a change; and rather than to hurt his own fame or name among his customers, he submits to the loss and

runs the risk, perhaps thinking that he will be more than remunerated by the patronage and notice of others, who may be better able to pay. As far as my experience and observation extend, I find there are but *few*, indeed, who are willing to have their bills enlarged, if they be *rich*, at the expense of the poor. The rich say, I am willing to pay my own bills—but my neighbors must pay theirs. “Here is the rub.” Physicians in general not having any *fixed* rules and regulations as to *exact prices*, and no precise way adopted for collecting, and the public being under no particular restraint, it is the case that one physician will practise oftentimes much cheaper than another, for the sake of getting the custom—when at the same time, the one who is undermined does not charge any more than what he ought in justice. This is not right. I do not mean to advocate exorbitant fees, but only what is right and just—and on this broad and fair principle every one ought to act. There are many people who are chiefly governed by what a doctor charges, more than by his superior skill. Skill, generally speaking, is of little consequence, if a few dollars are likely to be charged *less* by an ignoramus.

For one, I think there is much need of having something done throughout the State, in remedying this general evil. I am very sensible that I have lost enough, in the course of my twenty years’ practice, to render my situation, in every respect, very comfortable—and to enable my family, with proper prudence, to have enough without any fear of future dependence. But it is not so. And why? Because so much of my just earnings have been relinquished to those who felt as though they ought to be favored—they supposing that my living was *sure*, because there were others who employed me. I see my own folly in yielding so much to the wishes of others, and wish that those who are young, who may read this, would learn an important lesson before it be too late. I know of many other practitioners who have erred in the same way.

Further, I would query, how many *rich* physicians are there in the State, in comparison to those who are in very moderate circumstances? Is this owing to their not having employment? I think not, but mainly to their losses. To be sure, there may be some practitioners who may squander away their property, and do not calculate to save it—but this does not alter the nature of the evil which is complained of. The real earnings of physicians ought to be more duly appreciated—their debts ought to be considered more sacred—and the payments so regulated as to be made more sure.

At this time it is not requisite to enlarge. Much more might be said, but I am in hopes that something will, at a proper time, be *done*—for it is certain that the profession will grow no *richer* nor *wiser* by merely *talking*. Let all, who feel disposed, come forward and do something to the purpose at some future medical meeting, and see if there can be no way devised to raise the credit of practice in the community. If the community will only pay well, then the doctor can live and be able to obtain a reputable maintenance—pay all his debts, and have something left. I devise no particular plan, but wish and hope that all the

regular practitioners of the fraternity will seriously think of it. The subject might, I think, be brought forward and discussed at some future meeting of the Massachusetts Medical Society. When it convenes the members would have an opportunity to adopt some plan which might be put into operation throughout the Commonwealth, and have it published for the information and consideration of the people concerned. This would, no doubt, inspire a different feeling in the minds of our numerous employers, and prevent any hard thoughts when it was found that all the physicians had adopted *one rule*. This *rule* would soon become law and custom—and would ensure more encouragement to the physician, and better success to his employers. R. C.

S. Hingham, Feb. 1, 1840.

GANGRENE OF THE LUNGS—RHEUMATISM.

THE case referred to on page 364 of the last volume of this Journal, in an extract from Dr. Gerhard's lecture, is thus alluded to by Dr. G. in a subsequent lecture published in the Medical Examiner :

This patient has been laboring under gangrene of the lungs consequent upon pneumonia. He is now convalescent, and is somewhat in the condition of the patient whom you have just seen ; that is, he suffers from the consequences of disease, rather than from disease itself, the active signs of the latter having entirely ceased. The man, as you see, walks about without any difficulty ; there is still some cough, more particularly in the morning ; the expectoration is muco-purulent, and has lost its gangrenous appearance ; the appetite is better, and the strength is rapidly improving ; the peculiar expression of his countenance is likewise indicative of convalescence. This change in the expression of the countenance, in convalescence from acute disease, has not, I think, been sufficiently attended to by authors ; it is a sort of subsidence of the features. Thus, at the decline of fevers and other acute diseases, we often observe a sudden paleness, accompanied by a sinking of the pulse, which sometimes falls, even in children, as low as fifty or sixty in the minute, and at the same time is often irregular. This state may be called the subsidence after fever, and is one of the best signs of convalescence.

For some days it has been unnecessary to put the patient under any kind of treatment, except the use of remedies calculated to relieve the few unpleasant symptoms which remain. During the progress of the pneumonia, and more particularly of the subsequent gangrene, it was necessary to employ stimuli, in order to support the system. These have been discontinued, and the patient has been put on the use of a combination of syrup of tolu, tartar emetic and laudanum, for the relief of the cough. Opiates are extremely useful as a palliation of cough ; but in acute pulmonary diseases, when there is much dyspnoea and general excitement, they must be used very cautiously. In such a case as the present, of course there can be no objection to their use.

I shall next show you a few cases of rheumatism. * * * *

* * * * This is a case of the sub-acute grade of rheumatism. There has been little or no swelling, but much pain in the lumbar region, and in the joints of the lower extremities. During the last two months the pain in the latter parts has been confined to the left side. Acute rheumatism exhibits a marked difference in the symptoms. There is not only severe pain in the joints, but a decided swelling, with a more or less distinct blush on the surface. These symptoms arise from inflammation of the fibrous membranes about the joint, extending also to the synovial membrane, and followed by effusion into its cavity. The inflammation often leaves one joint, and appears in another; in the one first attacked it gradually declines, and when it has almost disappeared, pain and swelling are developed in the other joint. Thus the disease is transferred from joint to joint, until at last five or six may become implicated in the disease. The articulations most frequently affected are those of the wrist, elbow, knee and ankle; the shoulder and hip are much less commonly the seat of rheumatism. Along with these local signs, the general symptoms of excitement are likewise very well marked. The pulse, particularly, is excited to a degree that may be termed extraordinary. It has a fulness and resistance which are hardly met with in any other form of disease. This variety of pulse is the most striking characteristic of the *rheumatic fever*. The heart is more or less affected in a very large proportion of cases. Sometimes its disorder is merely functional; there is only an increase of its action. But in at least one half of the cases of severe inflammatory rheumatism, there is actual disease—an inflammation of its investing and lining membranes—though either of them may be affected singly. Strange as it may appear, very few die of these acute inflammations of the heart. Why, therefore, is attention to them so important? It is because they are apt to result in a permanent organic lesion, from which the patient's life will be really in danger. Hence the physician should, in all cases of acute rheumatism, be on the look-out for the signs of cardiac disease; and, when detected, they should receive the most active attention. Generally, such affections will be manifested by a loud rasping or bellows sound, and dulness on percussion.

With regard to the treatment of inflammatory rheumatism, I shall, at present, say nothing, further than to observe that the natural course of the disease, when fairly begun, cannot be arrested abruptly by any means within our power. Various plans have been devised for the accomplishment of this end, but none of them have been found to succeed with certainty. Notwithstanding all our efforts, the disease will frequently continue for several weeks or months without the slightest abatement.

In sub-acute rheumatism, which more immediately interests us, Dover's powder is one of the best remedies at our command. It has been used in the case last detailed, with the most marked advantage. It acts both as a diaphoretic and an anodyne. Sweating will not cure the disease; it is, in fact, one of its invariable symptoms, unless prevented from taking place by some accidental circumstance, as a cold room, &c. When this is the case, the patient's sufferings are aggravated; hence

sweating appears to be a natural palliative of the disease, and remedies calculated to encourage it, cannot but do good, though they may not effect a cure. In some inflammatory cases, sweating appears to be more properly a curative process, almost a crisis. Dry cups were also applied to the loins in the preceding case, and acted very well. Scarification was not at first directed, in order that the action of the Dover's powder might not be interfered with. Two days afterwards the cups were repeated, but this time nine ounces of blood were drawn. A still greater improvement followed this application, and the patient has ever since continued convalescent.

You will remark that the local treatment in this case was directed to the spine alone. This method of treatment has been lately introduced by some English surgeons, especially Messrs. Teal and Tate, in neuralgia. Dr. Mitchell was the first, at least in this country, who adopted this practice in rheumatism, as well as in neuralgia. He applies it to acute, as well as other forms of rheumatism. My own experience has convinced me that it is best adapted to sub-acute cases, in which the spine and large joints of the extremities are simultaneously affected; and the pains radiate from the spine towards the limbs, especially if increased on pressure. In such instances, cups to the affected portion of the spine act almost as a specific. The utility of the practice is illustrated by the case under consideration. The first effect of cupping was to diminish the pain in the loins; but the knee and hip were subsequently relieved without any special application of the treatment to them. In some cases, however, the pain in the extremities continues after the subsidence of that in the spine; and then, of course, the cups have to be applied to the joints themselves. However perfect the cure may be, a return of the disease is nevertheless always to be looked for in rheumatic affections.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 12, 1840.

CRANIA AMERICANA.*

WE trust that the frequent reference made to this work, by Dr. Morton, is pardonable. Although it has but a remote connection with the profession, whose interests are the great concern of the Journal, it would be inexcusable to omit a proper notice of the beautifully-finished volume which prompts these observations. For many years, actuated by a zeal which no change of circumstances could lessen, Dr. Morton has been engaged in this enterprise, and has now brought to a successful issue a book which is of equal interest to the anatomist, phrenologist, physiologist, antiquarian, historian and philosopher. He has constructed a most perfect

* *Crania Americana*, or a comparative view of the Skulls of various aboriginal nations of North and South America, to which is prefixed an essay on the varieties of the human species. Illustrated by 78 plates and a colored map. By Samuel G. Morton, M.D. Philadelphia: J. Dobson. London: Simpkins, Marshall & Co. Folio, pages 296. 1840.

folio, of two hundred and ninety-six pages, which looks like one of those finished English books made to endure the vicissitudes of ages.

The text commences with an introductory essay on the varieties of the human species, extending to 96 pages, in which there is a vast amount of that kind of information relating to the history of man in all ages, that will never grow stale by keeping. He must have little interest, indeed, in the progress of humanity, who could derive no pleasure or instruction from this preliminary discourse. Then follows a series of learned observations on the structure, physical character and habits of the ancient Peruvians, Mexicans, and nearly all the Indian tribes, of any notoriety, on the American continent. Intimately interwoven with a minute anatomical description of the skulls of individuals belonging to those races long since extinct, as well as those now on the stage of existence, there is such a variety of useful and entertaining matter, that no man of literary taste or scientific acquirements, can fail to be deeply interested by this rich assemblage of facts. Finally, there follow 78 plates, illustrative of the text and notes, of the natural size, and admirably executed. We have rarely seen lithographs that were so perfectly accurate.

In conclusion, we earnestly recommend to our professional friends to purchase this rare book—and we invite such as may wish to examine, with a view to understanding all its merits, to call in and look over the copy which has led to these remarks.

Medical Naval Pensioners.—Three surgeons and one surgeon's mate, only, are pensioners on the U. S. navy fund, viz., E. Field, surgeon's mate, \$10 per month from July, 1801; U. Parsons, surgeon, \$12 50 per month from February, 1816; R. R. Tinslar, Surgeon, \$6 50 month from Jan., 1830; Thomas Williamson, Surgeon, \$15 per month from December, 1835. Sixteen surgeons' widows, whose husbands died in the naval service, and six children, whose fathers were surgeons and also died in the service, draw pensions from Government. The average monthly pensions of the widows, is \$25. An act of March 3d, 1837, grants pensions to the widows, and if no widows, to the children under 21 years age, of all officers, seamen and marines who have died, or may hereafter die, in the naval service, to be paid from the time of the deaths, and to be half-pay of the navy, as such pay was on the 1st of January, 1835.

Statistics of Medical Colleges.—Several printed pages were received the other day from Prof. T. R. Beck, which shows that he allows himself no spare moments. From an examination of the mass of facts which he has brought together—and all, who have it in their power, should render every possible assistance—the future medical historians will have no severe labor in ascertaining how many men have been medically educated in the United States, from the organization of the first school, down to these degenerate days, when schools are so numerous, as a public functionary says, as to be “located at all the cross-roads.”

Medical Miscellany.—A quarantine has been laid at Norfolk, Virg., by the Board of Health, and also at Savannah and Charleston, on all vessels arriving at these ports from Boston.—Dr. J. M. Moriarty, of Gloucester,

Mass., has been appointed collector of that port.—Cases of smallpox have finally crept along from Boston, to the west side of the Green Mountains, in Vermont. Several teamsters from Vermont and New Hampshire, returned home and died with the disease before the character of it was fairly understood.—New virus has been procured lately from a cow in this neighborhood.—No exchange journals from the South have come to hand for some time, which is imputed to the interrupted intercourse between this city and New York.—With this number we commence the 22d volume of the Boston Medical and Surgical Journal.—An absconded, delinquent subscriber, who is indebted 2½ years for the Journal, kindly informs us from Indiana, through the postmaster, that “he did not take the Med. Journal it was a pardener of his and hee further says that he will do nothing about it.” We will not name the county of New York in which he formerly resided, for the sake of the many punctual subscribers which we have in that county.—The prospects of the Medical College of Vermont are considered to be uncommonly good for the coming lecture term.—Scarlet fever, which was rife a few weeks ago at the West, is subsiding.—Very few new English medical books have been imported of late.—Dr. Corbyn, editor of the India Medical Journal, and now residing at Fort William, Calcutta, is expecting to return to Europe in the course of the ensuing year, to educate his children.—A meeting of the Counsellors of the Massachusetts Medical Society was held at the Athenæum on Wednesday last. The business related principally to the organization of subordinate district societies.—John O’C. Brady, J. B. Gould, C. H. Wheelwright, R. W. Jeffrey, T. M. Potter, W. A. Nelson, W. G. G. Wilson, and John H. Wright, have all been appointed assistant surgeons in the U. S. Navy.—A new quarterly medical Journal has been issued at Madras, which constitutes an era in the medical history of India. The principal object, says the editor, in the publication, is to bring before the profession authentic reports on the principal diseases to which Europeans are subject in India, &c.—Dr. E. E. Marcy, of Hartford, Conn., has opened a *club-foot* infirmary, in which he performs operations exclusively for the restoration of club-feet.—A new quack medicine has appeared, bearing the new and before unheard-of name of *resurrection pills*.

TO CORRESPONDENTS AND READERS.—The communications of Drs. Ingalls, Luce, Williams and A. B., will be inserted as space will admit.—The attention of readers is invited to Dr. Woodward’s valuable collection of facts in this day’s Journal, which we trust is only the precursor of additional favors from the author’s well-furnished store-house.—The title page and index of Vol. XXI. will be sent to subscribers with the next No.

Whole number of deaths in Boston for the week ending February 8, 40. Males, 20—females, 20.

Of consumption, 11—smallpox, 5—inflammation of the brain, 1—scrofula, 1—quinsy, 1—convulsions, 1—old age, 3—burn, 2—dropsy on the brain, 2—croup, 2—lung fever, 3—influenza, 1—inflammation of the lungs, 1—sudden, 2—marasmus, 1—infantile, 1—pleurisy, 1—inflammatory fever, 1—stillborn, 1.

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence in this institution on the second Tuesday of March, 1840, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.

General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.

Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.

Principles and Practice of Surgery, by JAMES RYAN, M.D., Philadelphia.

Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.

Medical Jurisprudence, by RALPH GOWDEY, M.D., Middlebury, Vt.

The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.

Castleton, Vt., Jan. 1840.

J 15—1M

JOSEPH PERKINS, Registrar.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49'. Elevation 483 ft.

1840. January.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER. H. S. F.	Remarks.
	Therm. F.	Therm. C.	Therm. F.	Barom. F.	Barom. C.	Barom. F.				
1 Wed.	-1	8	6	29.49	29.46	29.45	N	Fair		Very cold day.
2 Thur.	-3	11	12	29.32	29.29	29.29	N W	Fair		At 10, A. M. thermometer 1°.
3 Frid.	4	16	16	29.38	29.37	29.37	N W	Fair		Aurora borealis.
4 Satur.	11	20	18	29.33	29.32	29.32	N W	Fair		Very pleasant day. Aurora bore.
5 Sun	15	25	25	29.30	29.26	29.26	N W	Fair		Aurora borealis. Zodiac light.
6 Mon.	24	28	25	29.31	29.34	29.39	N W	Fair		
7 Tues.	10	28	27	29.48	29.49	29.49	N W	Fair		Very pleasant day.
8 Wed.	18	27	25	29.44	29.41	29.42	N W	Fair		
9 Thur.	12	28	29	29.41	29.41	29.39	N W	Fair		Splendid sunset.
10 Frid.	22	32	30	29.28	29.25	29.26	N W	Fair		
11 Satur.	30	25	22	29.37	29.45	29.49	N E	Snow		Four inches of snow fell.
12 Sun.	9	14	14	29.52	29.60	29.63	N	Fair		Thermometer at zero at 10, P. M.
13 Mon.	15	23	23	29.48	29.31	29.28	S W	Snow		Three inches of snow fell.
14 Tues.	17	30	28	29.19	29.14	29.13	S W	Fair		Two inches of snow in evening.
15 Wed.	23	24	22	28.97	28.96	28.96	N W	Cloudy		Thermom. 5° at 9, P. M.
16 Thur.	-5	5	5	29.18	29.29	29.31	N W	Fair		Th. 6° below at 8; 2 do. at 10 A.M.
17 Frid.	-9	8	9	29.41	29.44	29.44	W	Fair		At 8 o'clock, thermom. 8° below.
18 Satur.	-4	7	5	29.46	29.45	29.45	N W	Fair		At 6 o'clock, thermom. 8° below.
19 Sun.	2	18	19	29.43	29.45	29.37	S W	Fair		
20 Mon.	22	32	28	29.38	29.38	29.39	S W	Fair		
21 Tues.	31	39	35	29.21	29.26	29.35	N W	Fair		Zodiac light brilliant.
22 Wed.	44	19	16	29.55	29.50	29.45	N E	Snow		Severe storm; 1 foot snow fell.
23 Thur.	14	25	26	28.76	28.58	28.69	N W	Fair		Wind changed at 9. Squally P.M.
24 Frid.	8	15	15	29.22	29.32	29.40	S W	Fair		High wind.
25 Satur.	1	20	18	29.51	29.60	29.67	W	Fair		
26 Sun.	6	14	16	29.84	29.88	29.88	W	Fair		
27 Mon.	13	19	18	28.82	29.76	29.78	N W	Cloudy		Snow squall.
28 Tues.	12	23	21	29.85	29.73	29.66	N W	Snow		Storm commenced at 10. Two in.
29 Wed.	31	34	34	29.53	29.46	29.42	S W	Rain		[snow fell.]
30 Thur.	31	38	36	29.11	28.96	28.82	S	Rain		High wind in the night.
31 Frid.	25	28	25	29.16	29.45	29.49	N W	Fair		Aurora borealis.

The weather, during the past month, has been very cold. Much snow has fallen. The thermometer has ranged from 9 below zero to 39 above; barometer, from 28.58 to 29.88.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Obstetrics, by ERENEZER WELLS, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1839.

N 27—eop6t

P. CLEAVELAND, Secretary.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, FEBRUARY 19, 1840.

No. 2.

CASE OF GRANULAR DEGENERATION OF THE KIDNEYS.

BY WM. H. LUCE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

GRANULAR degeneration of the kidneys is a disease, I need scarce remark, which was, until a very late date, unknown to the profession ; and even at the present day, though better understood, does not seem to command that attention among practitioners which its importance, both in a pathological and practical point of view, would seem to indicate. Indeed, until the time of Dr. Bright, very little or nothing was known of the pathology of this important affection ; and still less the more important facts of the various secondary diseases which are consequent to it.

Lately Dr. Christison has taken up the subject, and has very satisfactorily investigated, not only its primary morbid appearances, but also the secondary symptoms. These valuable works, I presume, are in the hands of most of the profession ; and if they are not, it is not my intention, in the present place, either to compile these authors, or write an essay on the disease ; my intention being merely to endeavor to draw the attention of practitioners more particularly to the disease, which I am fully persuaded is more common than has been generally imagined.

Various diseases which have been imputed to other causes, the symptoms of which were in common with those of other maladies, would, no doubt, if thoroughly investigated, be referable to this cause—but more especially, I think, would this be the case in *anasarca* and other dropsical effusions, attended with inflammation and visceral derangement.

In chronic *peritonitis* or *enteritis*, for example, where extensive cedema supervenes, the symptoms being well marked, the physician has no hesitation in pronouncing the dropsical effusion to be the result of these diseases ; and so strongly is he impressed with this belief, that no examination is made after death—whereas if this had been done, this morbid degeneration of the kidneys would probably have been found to be the cause of the mischief. For I think we have no facts to prove, neither is it consistent with sound *pathological principles*, that these diseases are “*always*” the cause of the effusions which follow ; as it is a fact well known that they often run their course and terminate fatally without any such event. If dropsy follows in one case, why not in others ? Is it not much more philosophical, and in accordance with pathological reasoning, to impute it to some morbid action which is in-

sidiously, though perseveringly, laying its barriers at the fountain head of that secretion, the retention of which in the system, quenches, no doubt, the vital spark.

But time will not permit, if I had the inclination, to speculate upon this subject. I shall therefore proceed to give the history of a case which lately fell under my observation, in the detail of which, no attempt at scientific arrangement is made—but the morbid appearances stated as correctly as possible. I shall not, moreover, enter particularly into the symptoms through the whole progress of the disease, but shall state them generally, as I had no opportunity to minute them from day to day.

The subject was a boy, about five years of age, of moderate size and dark complexion. He was attacked about four months previous to his death with inflammation of the intestines, from which he partially recovered in about two or three weeks, but soon had a relapse, which speedily run into the chronic form. In five or six weeks after this, fluid began to manifest itself in the cavity of the abdomen, accompanied with universal œdema of the integuments, anasarca and erythema. Under proper treatment the erythema subsided, but the dropsy continued gradually to increase up to the time of his death, notwithstanding the most vigorous use of the most powerful medicines recommended in such cases. The symptoms and state of the secretions during the progress of the disease were various. After the more active inflammation in the intestines had somewhat subsided, and the dropsical effusion had manifested itself, the urine was rather above the natural standard in quantity, and of a slight pink color. It soon, however, became diminished in quantity—at times nearly suppressed, mingled with blood—sometimes of a very dark color and great consistence, and highly coagulable by heat. His bowels generally constipated and difficult to be moved; appetite voracious up to the time of his death. He eat hearty the day before he died, as his friends had given up all hope of recovery, and now indulged him in whatever he desired. Breathing free to the last, notwithstanding the great distention. There was slight cough, with coryza, and other symptoms of catarrh. The brain appeared but little disturbed; sometimes a little stupor—but his intellect was always good. The dropsy gradually increased; his face, legs and arms were enormously distended, as was the whole cellular tissue throughout the body. Tapping and scarification of the extremities was resorted to, with only temporary relief. The scarification was abandoned, on account of the erythema and sloughing which supervened. (The tincture of iodine was tried on his legs, which evidently relieved the erythema and sloughing, but without any other benefit. It occasioned some smarting, and was not afterwards applied.) His countenance, throughout the disease, wore a yellow, leuco-phlegmatic aspect. He retained his strength almost miraculously. He could sit up, rise in bed, turn himself, &c., almost to the last moment of his life. He lingered on about six weeks after tapping, every part of his body being literally loaded with water. The manner of his death, as his friends expressed it, was by “drowning,” or suffocation.

Autopsy, 30 hours after death.—General appearance of the body

was of a pale yellow color, with general œdema of the cellular tissue. On opening the abdomen, about a quart of limpid, slightly colored serum run out. The liver and spleen were of natural size and perfectly healthy. Gall-bladder healthy, and contained a small quantity of very yellow bile. Stomach free from disease, but completely blanched, as were the large intestines. The small intestines were very much disorganized at intervals throughout their whole course. The peritoneal coat was inflamed and thickened by the deposition of coagulable lymph between it and the muscular coat. The latter was of a very dark color, thickened and contracted, so that the intestine was not larger than the little finger, and bearing marks of inflammation of long standing. The intermediate spaces in the intestine were healthy and of the natural size. The peritoneal and muscular coats were very readily separated. The internal mucous coat, at the lower end of the ileum (near the ileo-cæcal valve), was abraded, stellated, with here and there minute ulcerations and cicatrices. Peyer's glands slightly enlarged—otherwise healthy. In other parts of the ileum the mucous membrane was softened in some small patches. The lower part of the jejunum was natural, but the upper part was softened, the *valvulæ conniventes* being in some places broken down. About two inches below the duodenum there was a perforation of the size of a quill, which, however, appeared to be recent. The mesenteric glands were slightly inflamed and enlarged. The transverse arch of the colon was contracted. The peritoneum lining the cavity of the abdomen was free from inflammation and very pale.

Kidneys.—On cutting down to the right kidney, it appeared of its natural size, or but very little enlarged; externally, of a light-gray or ash color, of a coarse, harsh appearance and feel. On dividing it longitudinally into two symmetrical halves, it presented internally a yellowish-white or yellowish-gray appearance, very similar to the substance about the clin and under lip. It was nearly as hard as cartilage, and had the feel of coarse, hard, granular substance. No distinction could be made between the cortical and tubular part, but all seemed to be commingled in one entire mass. In the tubular portion, no traces of the tubuli or papillæ could be seen. The lining membrane of the pelvis appeared healthy, but very white. The color of the kidney internally run insensibly into various shades—but yellowish gray was the predominant color, intermingled with white lines. The left kidney was not much more than half its natural size, and of a decidedly more yellow color, externally, than the right. It was distinctly lobulated, and very much shrivelled between the lobules. On cutting into it, its internal appearance was not what its external, *à priori*, would have warranted. Its degeneration was not so great as one would have judged from its external appearance; for it certainly had a decidedly more morbid appearance externally than the right. The cortical portion, however, had the same cartilaginous, granular appearance and feel as the right—but the distinction between the two parts was very evident. The tubular portion was but very little, if any, affected. It had none of that coarse, hard, granular feel that the other had, but the firm, flexible feel of healthy kidney. The tubuli were distinct—not any of them being obliterated,

as was the case with the right. The cortical portion, therefore, was here the part chiefly affected, constituting what Dr. Christison describes as the second stage of granular degeneration. This portion was very distinctly granulated throughout, dipping down between the tubuli, but still not implicating it. The right kidney was, therefore, in the third or last stage of the disease; the left, in the second.

Thorax.—The pericardium contained about a gill of water. The heart was of the natural size, and healthy. There was no water in the chest, and the lungs were in good condition. The brain was not examined.

This was evidently a fair case of granular degeneration of the kidneys; but whether antecedent or consequent to the peritonitis, is difficult to determine. As the peritonitis was the first and most marked symptom, and the dropsy not appearing until some time after, we might, perhaps, be inclined to impute the disease of the kidneys to the peritonitis, or at least as being merely a concomitant of it. But we must bear in mind that granular degeneration is a very insidious disease, and may have been going on for months previous to the appearance of the latter. Christison, in his twelfth case, gives peritonitis as a secondary affection, though he says it is of rare occurrence. Whether peritonitis, or any other internal inflammation, under certain states of the system, may be an exciting cause, I am not prepared to say; but I see no reason *why* it should not be. Perhaps future investigation will throw more light upon this important subject, when its importance in a practical point of view shall be more fully appreciated, and consequently more diligently studied.

I shall conclude this article, by again strongly urging on practitioners the great importance of a strict and thorough examination of the kidneys in *all* diseases, especially those of a *febrile* or inflammatory character, and all dropsical effusions—at the same time recommending a careful perusal of the invaluable works mentioned above.

Tisbury, Feb. 1, 1840.

QUOTATIONS AND REMARKS ON THE BLOOD.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE long made it a rule, when I found myself ignorant, to ask questions, even though I run the risk of exposing my ignorance by so doing. First, I wish to ask whether Magendie's work on the blood is extensively read by the profession. If it is read, what is the prevailing opinion respecting it? I wish to introduce a few extracts from Magendie, to ask a few questions, and mayhap make a few remarks. Some may think he treats the medical profession, and the common course of study for that profession, with too little respect, when he says, "you have often heard me raise my voice against the defective character of the existing system of medical study. Like me, you have, no doubt, been struck with the trifling good that study confers on society. But could it be otherwise when there is scarcely a sound idea on physiology abroad?"

when anatomy is learned in a hurry, and forgot with still greater speed?" Is there not a lamentable degree of truth in this quotation?

I would that every medical man in our country might read and remember the following advice addressed by Magendie to his class. "Beware, gentlemen, of the fanciful creations of writers, no matter with what ingenuity they are dressed up. Devote yourselves, on the contrary, to experimental study—*see, touch for yourselves*. Take no one's word for anything. Mistrust yourselves, mistrust me, and you will manage to steer clear of the whimsical conceptions brought forward to explain, some way or other, the frequently inexplicable phenomena of organization."

I am willing to acknowledge that a flood of light was poured in upon my mind by reading this work. Give us facts and experiments. We want them. No matter if they come in masses sufficient to overwhelm and demolish many time-honored theories and splendid hypotheses. If, in the midst of our onward course, we occasionally meet a *false fact*, or a fallacious experiment, I hope we shall not turn back.

I would call attention, *undivided attention*, if you please, gentlemen, to the following quotations on the blood.

"I am anxious to recall to your attention the experiments we made last session on the blood. You learned, through them, the influence that fluid exercises on our organs. You saw me produce at will, in animals, the majority of the striking phenomena determined by the most terrible diseases, for the relief of which art is powerless. You saw me give rise, at my pleasure, to pneumonia, scurvy, yellow fever, typhoid fever, &c., not to mention a number of other affections, which, so to speak, I called into being before you.

* * * * *

"You are already acquainted with a great number of causes that modify the blood and induce disease, but you are perhaps scarcely prepared for the announcement that by means of a *therapeutical agent* holding the first rank among the fashionable remedies of the day, I produce the very same alterations in the blood, and, as a result, the very same disorders in the economy."

* * * * *

"I assert, then, loudly, and fear not to affirm it, that *bloodletting* induces, both in the blood itself and in our tissues, certain modifications and pathological phenomena which resemble, to a certain extent, those we have seen developed in animals deprived of atmospheric oxygen, of drink, and of solid food. You shall have the material proof of the fact. Here are three glasses containing blood drawn from a dog on three different occasions, at intervals of two days. The animal was in good health, and I took care to supply him with abundance of nourishing food. In the first glass you see the serum and clot are in just proportion to each other. The latter, which is perfectly coagulated, forms about four fifths of the entire mass. This specimen of blood, consequently, appears to possess the desirable qualities. Now turn your attention to the second glass. The animal was still well fed when its contents were drawn, and yet you perceive an evident increase in the quantity of serum. The clot forms, at the most, only two thirds of the whole. But

here is the produce of the third venesection. Although the animal's diet remained unchanged, we find a still greater difference. Not only is the proportion of serum more considerable, but its color is changed. It has acquired a reddish yellow tinge, owing to the commencing solution of the globular substance."

It seems demonstrated by Magendie's experiments that the blood must be constituted in a particular manner—that the ingredients must be in just proportion to each other, in order that the blood properly circulate through all the tissues and form healthy nourishment instead of disease. For instance, a certain degree of viscosity is requisite for the circulation of our blood through the various organs. If this is wanting, the blood will become infiltrated into the parenchyma of the lungs, &c. Now it is manifest that if hemorrhages increase the serosity of the blood, as Magendie has proved, the various tissues cannot be properly nourished and maintained in health where this state of serosity has been induced by the abstraction of blood, in whatever manner the blood may have been removed.

Again, an undue viscosity of blood hinders the circulation; the molecules sticking by the way, and blocking up the vessels, as Magendie remarks, like blocks of ice in the streams. Now is it not plain that the abstraction of the serum will produce this undue viscosity and consequent disease? But are practitioners aware that the indiscreet use of drastic medicines and blisters operates to remove the serum in large quantities? Are they aware that in those individuals who have induced disease by patent drastic medicines, one great cause of the disease is the viscosity of the blood? Physicians, I had almost said above all other men, ought to *think*. They should never rest contented without investigating the causes of disease. I was pleased with an expression of Magendie, that those medical men who blindly follow a regular routine of practice, *have eyes that they may not see*.

Magendie does not decry bloodletting as a therapeutical agent. It is the abuse of this agent that he deprecates. Is it a light thing to the profession that this abuse has produced the most terrible diseases? Is life to be sacrificed because the people who have been practised upon by pretenders to medical knowledge expect to be bled when a physician is called? How many ladies expect to be bled when pregnant, merely because they have been bled in pregnancy? Is this a sufficient reason for bleeding?

Here is another quotation worthy our attention—"No opposition could ever succeed in preventing me from striving to fathom the indubitable fact, that every notable departure from the healthy state of the blood manifests itself almost always by physical modifications of the organs."

It is demonstrated by the experiments of Magendie, that when the blood becomes excessively serous, it loses the power to clot, and consequently terrible and fatal hemorrhages ensue. This inability of the blood to clot constitutes what is termed the *hemorrhagic diathesis*, is at times hereditary, and has been considered without remedy. But may we not safely conclude, that did those who are thus afflicted, understand

the laws which govern life, and act in accordance with them, they might alter the constitution of the blood, so that it would clot, and thus prevent fatal hemorrhages?
A. B.

VARICELLA.

BY WM. INGALLS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE last of February, 1837, John B. Ingalls broke out with the chicken-pox. The precursory symptoms were lassitude and cephalalgia, which soon after were followed by an eruption in various parts of the body. Behind the ear there was discovered a pock, which filled and burst on the fourth day; the fluid it contained was limpid till the fourth day, when it became somewhat opaque; the fifth day the contents, pustule or vesicle had disappeared.

On the face there were several small vesicles, which, notwithstanding their diminutive size, left pits; on the breast, they were large, shallow, and of short duration; on the posterior region of the thorax, among others there were three of large size, upon which were formed scabs, two of which remained about four weeks, when they fell off, leaving pits which penetrated through the superficial tissues deep into the cutis vera. The pox [properly *pocks*] (I should prefer the word *pock*, and to make use of it as a noun of multitude), with the exception of the desquamation of the scabs on the posterior region of the thorax, passed through the several stages about the same time with the vesicle behind the ear. Anorexia, cephalalgia, propensity to lie a-bed, incited action of the vascular system, continued three days. So far as we know, John's disease was sporadic.

This case has been given in detail, as there are in Europe eminent practitioners, who contend the varicella and variola are identic, though the history of the disease in Boston furnishes irrefragable proof, however striking the resemblance, that chicken is never converted into smallpox.

To prevent the spreading of the variolous contagion, two measures were adopted: 1st, inoculation was prohibited; 2d, for the accommodation of families liable to suffer from the casual smallpox by strangers or infectious clothing, a hospital was provided at a distance from the town, to which, at the public expense, persons attacked with this loathsome malady might be removed, and where infectious articles might be cleansed; as either circumstance might become a cause of the general prevalence of the disease. Any member of a family might, and often did, avail himself of his constitutional right to remain in his own house. The confidence that was reposed in the judgment and fidelity of the attending physician, by the municipal authorities, and in return the deference paid to the authorities by the physician, produced a mutual courtesy and good understanding which were not disturbed for many years. Formerly nothing was more common, and nothing could be more proper, than that the attending physician should meet medical gentlemen in consultation, but then he met them on equal footing; he

was subjected to no dictation, nor was he put under the superintendence of any body of physicians.

When the state of the atmosphere was favorable to the propagation of the smallpox, and so many cases occurred as to cause a general alarm of the inhabitants, the majority of whom were not protected, the regulations were suspended, and permission given for a general inoculation. A late professor of anatomy and surgery said, notwithstanding all the means taken to prevent its introduction, it became indispensable to permit it to go through the town once in about fifteen years.

Restrictive measures were adopted, because, prior to vaccination, an alarm that the smallpox "is in Boston," deterred the people of the country from bringing in their produce, thus having the effect of raising the price of provisions and rendering them scarce; and likewise interrupting the trade between town and country, and directing it to some other market.

During the time the town was exempt from the influence of the variolous contagion, varicella frequently prevailed as an epidemic, and very few arrived at the age of puberty without having the disease; and in no instance did the varicella and variola prove to be either identic or convertible diseases. There were, however, cases where the commencement and progress of the disease so closely represented the symptoms of smallpox, as to require great acumen and sagacity to determine the nature of the exanthem. Hence it became incumbent on every physician to exercise his powers of discernment and discrimination, to discover the nature of the eruption under which a patient might have labored.

NATIONAL MEDICAL CONVENTION.

[As the proceedings of this convention are of such a nature as may render them desirable for reference during some years to come, we copy the record of them in full.]

The National Medical Convention for the revision of the Pharmacopœia of the United States, assembled in the City Hall, Washington, on the 1st day of January, 1840.

The following delegates represented their respective Medical Societies and Colleges in the Convention, viz.:

Rhode Island Medical Society—Theophilus C. Dunn, M.D.

New Jersey Medical Society—Lewis Condict, M.D.

The College of Physicians of Philadelphia—Franklin Bache, M.D., Henry Bond, M.D., Joseph Carson, M.D.

University of Pennsylvania—Geo. B. Wood, M.D.

Jefferson Medical College—Robley Dunglison, M.D.

Delaware Medical Society—William B. Morris, M.D., James Couper, M.D.

Washington University, Baltimore—John R. W. Dunbar, M.D., John C. S. Monkur, M.D., Edward Foreman, M.D.

Medical and Chirurgical Faculty of Maryland—Joshua J. Cohen, M.D.

Medical Society of the District of Columbia—Thomas Sewall, M.D., N. W. Worthington, M.D.

Columbian Medical College—Thomas Miller, M.D., Harvey Lindsly, M.D., John W. Thomas, M.D.

Vincennes Medical Society of Indiana—John W. Davis, M.D.

Georgia Medical Society—William Bacon Stevens, M.D.

The credentials of the delegates from the White Mountains Medical Society of Vermont, from the Medical Society of New Hampshire, from the Albany Medical College, and from the College of Physicians and Surgeons of Lexington, Kentucky, were presented by Dr. Condict, President of the Convention of 1830; but the delegates were prevented from attending. After the rising of the Convention, however, Josiah Bartlett, M.D., delegate from the New Hampshire Medical Society, and Samuel G. Baker, M.D., and William A. Aiken, M.D., delegates from the University of Maryland, reached Washington; and, by public notice in the papers, stated their full concurrence in the measures adopted by the Convention.

The Convention elected Lewis Condict, M.D., of New Jersey, President; George B. Wood, M.D., of Philadelphia, Vice President; N. W. Worthington, M.D., of Georgetown, D. C., Secretary; and Harvey Lindsly, M.D., of Washington, Assistant Secretary.

With the view of giving the various medical interests of the country their due weight in the deliberations of the Convention, the Surgeon General of the Army, and the Senior Naval Surgeon at Washington, were invited to participate in the proceedings.

After some other preliminary business, the Convention adopted the following resolution, offered by Dr. Bache:

Resolved, That the delegates from the different medical bodies represented in this Convention, be requested to present any written communications with which they may have been charged.

Upon calling over the several delegations, it appeared that no written communication had been forwarded to the Convention, except by the College of Physicians of Philadelphia. Dr. Bache presented from this College several documents, which he said had been prepared with great industry and care, with a view to facilitate the revision and emendation of the Pharmacopœia of 1830. This communication elicited discussion; but with a view to more definite action, Dr. Lindsly proposed the following resolution, which was adopted.

Resolved, That the communication from the College of Physicians of Philadelphia be referred to a committee, who shall also be instructed to report a plan by which the revision and publication of the Pharmacopœia may be carried into effect.

It was resolved that the committee should consist of five members, to be named by the President; and Drs. Bache, Davis, Stevens, Cohen and Dunn, were appointed.

Dr. Wood offered the following proposition, which was adopted.

Resolved, That a committee be appointed to report a plan for the organization of the next Convention for revising the Pharmacopœia.

It was ordered that the committee consist of three members, to be

named by the President ; and Drs. Wood, Sewall and Dunglison were appointed.

The committee to whom the documents from the College of Physicians of Philadelphia were referred, and whose duty it was to arrange a plan by which the revision and publication of the Pharmacopœia might be carried into effect, made the following report, which, with the accompanying resolution, was adopted by the Convention :

“The committee are of opinion, that the labors of revision, constituting the communication from the College of Physicians of Philadelphia, would form a proper basis for the new Pharmacopœia ; and that this communication and all others which shall be received from bodies which have appointed delegates to this Convention, should be referred to a committee of revision and publication to meet in Philadelphia as soon as practicable. As it is desirable that the Committee here proposed should have the assistance of pharmaceutical bodies, it is recommended that authority be given to it to request the co-operation of Colleges of Pharmacy in the United States. A revising Committee thus constituted, and clothed with power to fill their own vacancies, to publish the work after the completion of the revision, and to take order on all incidental measures necessary to carry out the objects of the Convention, would, in the opinion of this Committee, form a body, to which the revision and publication of the Pharmacopœia might be safely trusted. To carry out these views, the Committee recommend the adoption of the following resolutions by the Convention :

“1. The communication from the College of Physicians of Philadelphia, and all other communications which may be received from bodies that have appointed delegates to this Convention, shall be referred to a committee of revision and publication, consisting of seven members, three of whom shall form a quorum.

“2. The committee thus constituted, shall meet in Philadelphia, and be convened as soon as practicable by its chairman.

“3. The committee shall be authorized to request the co-operation of the Colleges of Pharmacy in the United States, to publish the work after the completion of the revision, and to take all other measures which they may deem necessary to carry into effect the object of the Convention.

“4. The committee shall have power to fill its own vacancies.

“5. When the committee shall have terminated their labors, they shall prepare a report of their proceedings, and transmit it to the Secretary of this Convention, to be laid before the next Convention.”

All which is respectfully submitted.

FRANKLIN BACHE,	JOSHUA J. COHEN,	} Committee.
JNO. W. DAVIS,	THEOPHILUS C. DUNN,	
WM. BACON STEVENS,		

Washington, Jan. 3, 1840.

The Convention then proceeded to choose the members of the committee of revision and publication proposed in the above report, and

Drs. Wood, Bache, Dunglison, Cohen, Dunn, Stevens and Sewall, were appointed.

The committee whose duty it was to arrange a plan for the organization of the next Convention for revising the Pharmacopœia, made a report, which, at the suggestion of Dr. Sewall, was amended so as to make the first Monday in May, 1850, the time for the meeting of the Convention, instead of the first Monday in January, 1850: The report thus amended, and modified in other respects to suit the change, was adopted by the Convention as follows:

"The Committee appointed to suggest a plan for organizing the next Convention, report, that they have taken the subject into consideration, and ask leave to submit the following resolutions, which, with a few modifications, are the same as those adopted in 1830, for the organization of the present Convention.

"1. The President of this Convention shall, on the first day of May, 1849, issue a notice, requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates not exceeding three, to attend a general convention to be held at Washington, on the first Monday in May, 1850.

"2. The several incorporated bodies thus addressed shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

"4. In the event of the death, resignation or inability to act of the President of the Convention, these duties shall devolve on the Vice President; and should the Vice President also be prevented from serving, upon the Secretary, or the Assistant Secretary, the latter acting in the event of the inability of the former."

GEORGE B. WOOD,	}	<i>Committee.</i>
THOS. SEWALL,		
ROBLEY DUNGLISON,		

Washington, Jan. 3, 1840.

The following resolutions were offered by Dr. Wood, and adopted by the Convention.

Resolved, 1st, That the Secretary take charge of and preserve the existing records until his successor be appointed by the Convention of 1850, when it shall be his duty to hand them over to such successor; 2d, that in case of the death, resignation, or inability to act of the Secretary, his duties shall devolve upon the Assistant Secretary; and, 3d, that it be recommended to future Conventions to appoint their Secretary

and Assistant Secretary from members residing in the District of Columbia.

Dr. Bond offered the following resolution, which was adopted :

Resolved, That the Committee of Revision and Publication be requested to take such measures as they may deem most effective, to induce physicians and apothecaries to adopt the nomenclature of the Pharmacopœia in their prescriptions and labels.

Dr. Dunglison offered the following resolution :

Resolved, That the officers of this Convention be requested to prepare forthwith for publication, such part of the transactions of this Convention as may seem to them to be adapted for making extensively known its important objects and proceedings, and that they be authorized to publish the same in the various medical journals of the United States, and in such of the daily and other newspapers as they may think proper.

This resolution was adopted, and it was made the duty of the Secretary and Assistant Secretary to carry it into effect.

Having transacted business of great interest to the medical profession of their country—having passed votes of thanks to the officers of the Convention “for the able and dignified manner in which they had discharged their respective duties,” and to the Board of Aldermen of Washington for the use of their Hall—the Convention, after a session of three days, characterized by a spirit of generous cordiality, which must contribute greatly to secure the objects for which they assembled, adjourned.

By order,

N. W. WORTHINGTON, *Secretary*.

HARVEY LINDSLY, *Ass't Secretary*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 19, 1840.

DR. BRAINARD'S ADDRESS.

AN excellent custom prevails at Yale College, it seems, of giving an annual charge to the medical graduates, by some member of the board of examination. Last year it was given by Dr. Miner, whose excellent address we have several times alluded to. The present season, the duty devolved upon D. T. Brainard, M.D., who has really produced an interesting pamphlet, honorable to his intelligence, and equally so to his heart. Dr. Brainard seems to understand, most fully, the whole circle of duties which pertain to the successful practice of the profession, and better still, he possesses the happy faculty of impressing upon the minds of his readers the full force of the sentiments which should actuate those who enter upon the responsibilities of prescribing medicine and ministering to the sick.

In this address the author shows himself conversant with all the theories of past ages; nor is there anything of modern times, worth remembering, in the circle of medical literature or science, not equally familiar to him. It is not to be understood, however, that he has actually entered

into minute details of things of no importance, to illustrate or enforce those which are; no man could write with such aptness and truth, who is not familiar with the whole subject of the history of medicine. In the following paragraph he alludes to some of the trials attendant on medical practice.

"The profession, gentlemen, which you have chosen, is one of very great responsibility, and it imposes on you great anxiety and great labor, both mental and bodily. Henceforward, if you continue it, most of your time must be devoted to study and contemplation. With distressing scenes you will have to become familiar—disease will baffle your best laid plans of action, and pestilence which walketh in darkness will set you at defiance. You are doomed to see pain and anguish, misery and death, without the power of affording relief. There is, however, another and more pleasant view of the picture, which will reconcile you to all you may have to encounter. The resources of medicine are great, and you will have the pleasure of seeing numerous diseases submit to your skill. You will enter dwellings where you will see pain and distress, fear and apprehension, and will convert all into ease and happiness—tears into smiles, fear into hope, pain and agony into health and strength. These are the rich rewards for your hard toils and troubles, and they can be gathered in as great abundance from the humblest cot, as from the most splendid mansion. The consciousness of having relieved pain and distress, of having averted imminent danger, and of having cured threatening and violent disease, by prudent and judicious means, is a compensation greater than the opulent can bestow."

"Every person who practises medicine, should not only have five senses, but should use them. If people who have eyes but see not, and ears but hear not, do not stand high in morals, their chance for distinction in physics will be small. As much can sometimes be learned from the sound of a patient's voice, as from the words he utters, and the eye can discover colors, shapes, sizes and positions, which we have no proper language to describe; but it is unnecessary for me to enumerate the various powers and capabilities of the senses."

The value of the following remark will be appreciated by those who are in the active business of professional life.

"Another means of directing your labor to advantage, is to keep a journal of all important cases, in which all the symptoms, prescriptions and medicines with their operations, whether salutary or otherwise, should be recorded. This you can easily do at the commencement of your practice, and it will give you more precision in examining and more accuracy in prescribing. You will also derive great benefit from it, by comparing the cases recorded, with such as may arise. Besides, it is the best method of learning, what the ancient physicians considered of so much importance, the *Lædientia* and *Juvantia*. Never give a new or original prescription without taking a copy. If it succeeds, it will be wanted again; if it does not, you should know it. It is of some value to know the inefficiency of some things; it is of more to know when they produce injury. To err is human, but he who learns nothing from his own errors will never make a physician."

Finally, although a stranger to the gentleman, of whose address we have spoken so freely, we cannot conscientiously close without expressing the high sense of respect we feel for one who exerts his powers so successfully for the honor of the medical character.

Lowell Bill of Mortality.—We know not to whom we are indebted for an abstract of the deaths in Lowell, the past year. So far as the typographical execution is concerned, it is altogether the most perfectly-executed piece of printing, of the kind, that we have seen. It appears that the total number of deaths in that city, in 1839, was 362.

The amount of mortality, the past year, is less than that of 1838 by 73, and exceeds that of 1837 by 62. They suffered less than usual from that scourge of children, scarlet fever, the deaths from this disease being in 1837, 38—in 1838, 21. Croup and cholera infantum were also less fatal. More than one quarter of all the deaths were occasioned by diseases of the respiratory organs; the same holding true, nearly, of previous years; consumption, as usual, having its full share of victims. Deaths by accident were numerous, amounting to 27. Three deaths occurred in the Almshouse. A fraction less than one fourth of the whole number were foreigners. Estimating the population at 20,000, the rate of mortality for the past three years may be computed at about 1 in 57.

Dr. Haynes's Demonstrations in Anatomy.—A prospectus is abroad of this gentleman's course of lectures, at Concord, N. H. The year is divided into four terms, of three months each, and the tuition is fifty dollars. D. Haynes's library and cabinet are represented to be valuable. As an instructor, no one would presume to question his qualifications.

Louisville Medical Institute.—Dr. Flint will please accept our thanks for a catalogue. The school is certainly in a most flourishing condition—there being now 204 students, a very gratifying increase above last year, when there were but 120. Where do so many students come from?

Virginia Institution for the Deaf, Dumb and Blind.—The receipt of the list of officers, &c., with specimens of raised letters for the blind, and the alphabet for the dumb, together with much curious and useful information, is hereby acknowledged. It shows the progress of humanity in our country, and is therefore a welcome visitor.

Dr. Parker.—As lately as July the 24th, this gentleman, now celebrated for his successful surgery in China, was visited by two deputies of the Celestial High Commissioner, Lin, who made various inquiries suggested by the present commercial difficulties between the English and Chinese authorities. Lin soon after sent a request to Dr. Parker for a specific for curing opium smokers, and also asked advice in regard to a disease under which his highness was himself suffering. He also consulted Dr. Parker respecting his son, who is afflicted with epilepsy. It was presumed, from these and other circumstances, that the government were not opposed to his medical and surgical practice at Canton, and hopes were entertained that the hospital, heretofore so celebrated for the successful capital operations performed in it, would be opened again. Dr. Parker is the first professional man, and he is an American, who has succeeded well in China, and really established an extensive reputation as a great operator.

Medical Miscellany.—The brig *Ida*, from Boston, arrived at Baltimore with smallpox, and was towed to the quarantine ground, immediately, by

an ice boat.—A French paper states that the number of sick soldiers in the various hospitals of Africa, belonging to France, was, on the 1st of Nov., 2000, which at the latest dates had been reduced to 1778.—The total of interments in the Mobile grave-yard during the past year was 998. The monthly interments were as follows: January, 29; February, 26; March, 25; April, 40; May, 44; June, 39; July, 51; August, 149; September, 378; October, 124; November, 58; December, 35.—A remarkable case of softening of the bones is alluded to in the papers. Can not some of our readers give us the particulars?—The number of cases of yellow fever in St. Augustine, Florida, last summer, was 1000; population 3000. Only 50 died.—Dr. Harris, of Philadelphia, in a paper read before the Medical Society of that city, on *Lepoides*, or cancer of the skin, states that caustic potash and quick lime, in equal parts, form, in his opinion, the most safe, and, when skilfully managed, the most effectual remedy in the treatment of this disease. An extract made from the common poke berry, also a solution of creosote, have also been used with success in some cases.—Sir B. Brodie says that in treating hysterical affections, it is of more consequence to withdraw the patient's attention from the disease, than to make any actual prescription.—The first number of the Western Journal of Medicine and Surgery, edited by Drs. Drake and Yandell, has been received from Louisville, Ky. The work is to be a monthly of 86 pages each number, and this number contains a good variety of practical matter.

TO CORRESPONDENTS.—The communications of Drs. Woodward, Bertram and Dorrance are on file for publication.

MARRIED,—At Norristown, Pa., Samuel Nixon, M.D., of Greenwood, La., to Miss Emily Magee.

DIED,—In Rindge, N. H., Dr. Isaiah Whitney, 74.—On his passage from Texas to New Orleans, Dr. Henry W. Farley, of Ipswich, Mass., 44.

Whole number of deaths in Boston for the week ending February 15, 37. Males, 24—females, 13. Of consumption, 4—smallpox, 8—apoplexy, 1—lung fever, 6—convulsions, 2—old age, 2—infantile, 2—croup, 2—inflammation of the lungs, 1—brain fever, 1—dropsy on the brain, 1—hæmorrhage of the lungs, 1—inflammation of the brain, 1—teething, 1—liver complaint, 1—casualty, 1—hooping cough, 1—dropsy on the heart, 1—stillborn, 4.

CRANIA AMERICANA.

A COPY of this work, by Dr. Morton, of Philadelphia, has been left with the publisher of this Journal for examination, and as soon as more copies arrive, probably in a few days, they will be on sale at the Journal office.
Feb. 19.

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.
Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.
General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by GILMAN KIMBALL, M.D.
Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.
Pathological Anatomy, by ROBERT WATTS, JR., M.D.
Demonstrator of Anatomy, SAMUEL W. THAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

Woodstock, Vt., Jan. 3, 1840.

By order of the Board of Trustees,
J. S.—eoptM15 N. WILLIAMS, Secretary.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
 In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to any thing we have."

Extract of a letter from Prof. Peirotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.
 June 12—1y

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.
 H. S. PERRY, C. H. STEDMAN, H. G. WILEY,
 Jan. 29—epimcoptf M. I. BOWDITCH, J. V. C. SMITH.

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
 JOHN B. S. JACKSON,
 ROBERT W. HOOPER,
 J. MASON WARREN.

Oct. 9—tf

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII.

WEDNESDAY, FEBRUARY 26, 1840.

No. 3.

MEDICAL REMINISCENCES.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

LOOKING over some memoranda of bills of mortality of several cities and towns, I find the following facts recorded.

In the village of Wethersfield, containing, as before stated, 2000 inhabitants, the deaths in 1826 were 26; 1 of $76\frac{2}{3}$ of the population. From 1775 to 1815, the deaths averaged 33 annually; from 1815 to 1826, they averaged 28 annually; from 1826 to 1840, $31\frac{1}{2}$ annually. In 64 years there have been 2015 deaths, or 1 of about 64 of the population annually. It would seem, from these facts, that it has taken about 64 years to remove by death, in that village, a number equal to the average population.

In the year 1826 the number of deaths in the city of Hartford was 167; the population about 8350—which is 1 of 50 of the inhabitants. In 1822, the mortality of that city was 125; population probably about 7000—which would be 1 of 56 of the inhabitants. In New Haven, Ct., the number of deaths, in 1822, was 144; population about 8300—which is 1 of 58 of the inhabitants. In Middletown, Ct., the number of deaths, in 1826, was 95; the population about 6500—which will be 1 of 68 of the inhabitants.

In the city of New York, the number of deaths in *ten years*, ending with the year 1826, was 33,808. Supposing the population, during that period, to average 150,000 (in 1830 it was upwards of 203,000), it would be about 1 of 47 of the inhabitants annually.

In Portsmouth, N. H., the deaths were, in 1818, 125; in 1819, 115. The population, in 1820, was about 8000—which will be 1 of 68, and some more.

The deaths in Boston, during the four years preceding 1820, were as follows: In 1816, 904; 1817, 907; 1818, 971; 1819, 1070. The population would probably average, during that time, about 42,000—which would make 1 of 42 or 3 of the inhabitants. In 1839 the deaths in Boston were 1863—which is about 1 of 43 or 4 of the population.

In Worcester, in 1830, there were 68 deaths; population about 4200; 1 of 61 of the inhabitants. In 1831, deaths 70; 1 of 61 of the population. In 1832, deaths 71; 1 of 65 of the inhabitants. In 1833, 68 deaths; the population about 4750—1 of 70 of the inhabitants. In 1834, deaths 87; population about 6500—something less than 1 of

74 of the inhabitants. In 1835, deaths 105 ; population 6624—which is 1 of 63 of the inhabitants. In 1791, deaths 22 ; population, in 1790, 2095—1 of 95 of the inhabitants. In 1797, deaths 28 ; population, in 1800, 2411—1 of 86 of the inhabitants. In 1811, deaths 32 ; population 2577 (1810)—which is 1 of 80 of the inhabitants. In 1820, deaths 39 ; population 2962—which is 1 of 76 of the inhabitants. From 1836 to 1840, four years, the deaths amounted to 532—an average of 133 annually. The population is about 7600, which is about 1 of 60 of the inhabitants.

The following facts, from a French Journal, were noted in 1826.

Mons. Chateaufeaf, after investigating the subject of mortality with much care, comes to the following conclusions with respect to Europe in general.

Fifty years ago, *one half* the children born, died the first 10 years ; now 38 only die the first 10 years. Fifty years ago, 74 in 100 died before 50 years of age ; now only 66 of 100 die before that age. Fifty years ago, only 18 of 100 arrived at the age of 60 ; now 23 in 100 arrive at that age. Fifty years ago, there was 1 death annually in 32 individuals ; now there is 1 death annually in 40.

The following statement was more recently made to the French Institute, in a memoir read by M. Fourier, relating to France, which goes to corroborate the statement of Mons. Chateaufeaf.

In 1775, of every 100 children born, 50 died before 2 years of age. In 1825, of every 100 children born, 38 3-10 only died before 2 years. He attributes the change to vaccination and the extirpation of the small-pox. In 1775, of every 100 male children born, 55 5-10 died before 10 years of age. In 1825, of every 100 male children born, 47 7-10 only died before 10 years of age. In 1775, of every 100 male children born, 21 5-10 only arrived at the age of 50 years. In 1825, of every 100 male children born, 32 5-10 arrived at the age of 50 years. In 1775, the mortality of France was 1 of 30 annually. In 1825, the mortality of France was 1 of 39 annually.

In 1780, the population of France was 24,800,000. Deaths, 818,490. births, 963,200 ; marriages, 213,770. In 1826, the population of France was 30,400,000 ; deaths, 761,230 ; births, 957,970 ; marriages, 222,570. Deaths from birth to 10 years of age, 1780, 55 5-10 per cent. ; in 1826, 43 7-10 per cent. Deaths from birth to 50 years of age, 1780, 78 per cent. ; in 1826, 67 5-10 per cent. Deaths from birth to 60 years of age, 1780, 85 per cent. ; in 1826, 76 per cent.

I give these facts from the Journal, without comments, or even vouching for the correctness of the arithmetic.

In England, it is said that the proportion of deaths of consumption to the whole mortality, is about 20 per cent. In New York, for the 10 years ending with the year 1826, there were 6646 deaths of consumption, of 33,808 deaths, which is about 20 per cent. also.

In the place of my nativity, on the bleak, moist hills of Litchfield County, Conn., from the year 1780 to the year 1813, about half of the deaths that occurred were of pulmonary consumption ; while in the circuit of my former practice, on the banks of the Connecticut river, a

country subject to autumnal fevers at present, and formerly to intermittent fever, not more than 1 of 10 of the deaths were from this disease. In the Second Society of Wethersfield, the proportion of deaths of pulmonary consumption, in 22 years, was 30 of 202; 1 of $6\frac{2}{3}$ of the whole. This village lies four miles from the river, is on dry, elevated ground, very healthy, equally removed from the bleak, high hills, where consumption is so rife, and the low lands on the banks of the river, the fruitful source of malaria. For 80 years, as before stated, the deaths averaged only 1 of $76\frac{1}{2}$ of the inhabitants annually.

In the section of country where pulmonary consumption is so prevalent, it is exceedingly common for hemoptysis, pneumonia, &c., to terminate in that disease; but in the field of my former practice, a large proportion of cases of hemorrhagy from the lungs recovered, and pneumonia never terminated in abscess of the lungs in a single case of an adult, that I now recollect.

S. B. W.

Worcester, Feb. 10, 1840.

OSTEO-SARCOMA.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I embrace the earliest opportunity which presents to comply with your request that I would give you some account of the case of osteo-sarcoma of the jaw, which occurred at Deerfield in the summer of 1825. I do this with the more pleasure, as it has never been presented to the public but through the medium of newspapers; and at the time, the propriety or impropriety of removing the jaw created a great deal of angry contention and debate. I have no desire to recall the angry feelings which were elicited on that occasion, and I trust there will be nothing in this communication to awaken them. As there is much diversity of opinion on the subject of the treatment of this complaint, I agree with you that this case may throw some light upon it.

The patient was a robust, laboring man, aged forty years. At the time of the commencement of the complaint it was a small, immovable, bony kind of tumor on the lower jaw, about equi-distant from the chin and angle of the jaw. When I first saw it, which was about a fortnight from its commencement, it was about the size of a hen's egg, originating at the fangs of the middle molar tooth on the right side. The gum was swollen both on the outside and inside. It was slightly sore and painful to the touch. At this time I was rather of the opinion that it would terminate in an abscess of the gums, and I advised him to do but little for it, and to be very careful not to irritate it. I did not see the patient again under a week, when I found the tumor much enlarged, and two of the teeth were raised in their sockets, one of them considerably. It was softer round the teeth than it was when I saw it last. I made an incision round them with a thumb-lancet, but only a small quantity of blood followed. I advised him to take physic, keep himself cool, and live light. I did not see him again till about a week after. My father saw him

the day before, and extracted the middle tooth in the tumor, the one which was the most elevated, from the increase of the tumefaction. The tumor, when I last saw it, was found to be much enlarged, both upon the outside and inside of the jaw. The gum upon the outside of the jaw was raised nearly an inch and a half above the teeth, and he was unable to close his jaws. It was excoriated upon the surface, and was discharging ichorous, fetid matter, which was so offensive as to take away his appetite. He had lancinating and deep-seated pain in it. At this time I considered the tumor so malignant that I thought it advisable to send for counsel to confer upon the propriety of removing it. Several respectable physicians who saw it, likewise advised this measure. I then stated to the patient my opinion of his danger, and that I had reason to fear that unless the operation of removing the tumor with a part of the jaw, and perhaps tying the carotid artery, was resorted to, he must soon inevitably die. The danger of the operation was likewise represented to him—that it might not be successful, and that he might die in consequence of it. The patient consented to the counsel, and to be governed by their opinion. A large and respectable counsel convened at his house on the 16th of June, 1825, and it was decided that it was necessary to perform the operation. Dr. Batchelder, then of the Berkshire Medical Institution, was the operator. He first tied the carotid artery, according to the precedent of Dr. Mott, late of New York, now of Paris, in four similar cases. He removed more than two inches of the jaw with the tumor.

A dissection of the tumor, after its removal, proved that it had become osteo-sarcomatous; the bone itself was enlarged and softened, from the centre of the jaw where the disease commenced. The scalpel was easily thrust into the softened bone. The flesh itself, just within the surface of the tumor, was cartilaginous. The tumor, after its removal, measured seven inches in circumference in one direction, and six in the other. The extensive incisions in the neck and cheek healed by the first intention in about seven days. He eat several pieces of stewed chicken on the 11th and 12th days after the operation. He shaved himself on the 13th day, and at that time the jaw was filling with apparently healthy granulations. He shortly after apparently recovered, but in the course of a few months another tumor occurred in the same place with the first, completely filling up the space occasioned by its vacancy, and extending to a considerable portion of the right side of the face. The growth of this tumor within a few weeks was very alarming, attended with deep-seated pain, very similar to the tooth-ache. He now again applied to Dr. Batchelder, who, on the 19th of Nov., 1825, removed one half of the jaw from the symphysis of the jaw at the chin, to the zygomatic arch at the temple. Nine days after the operation, the wound had almost healed by the first intention. It was hoped and believed that this operation would effectually cure him; but the following obituary notice of him will show that these hopes were not realized.

“Died, in this town, on the 7th inst. (Feb., 1832), Mr. S. H., aged 47 years, of a disease familiarly known to physicians and surgeons by the name of *osteosarcoma*, or a morbid degeneration of a fleshy tumor

into a bony substance. Few men have suffered more from disease and its consequences than Mr. H. In the spring of 1825 a small tumor was discovered on his lower jaw, which soon became malignant, and spread with so much rapidity that it was deemed advisable by a counsel of the faculty to remove a portion of the jaw which was involved in the tumor. As a precautionary measure, the carotid artery was first tied, and about two inches of the jaw was removed with the tumor about the middle of June. In a few weeks the same disease manifested itself, and on the 19th of Nov. following, one half the jaw, from the chin to the articulation near the temple, was removed by Dr. Batchelder. From this operation he speedily recovered, and enjoyed a comfortable state of health till the fall of 1831, and was able to perform ordinary labor. A few months before, he discovered a swelling on the side of his face which had been operated upon, which gradually increased for several months, but did not necessitate him to abandon labor till the month of December. From the first of January to the time of his decease, the tumor increased with great rapidity, and during that time his paroxysms of distress were excruciating. The tumor extended nearly to the top of the head, involving the whole of the right temple, the right cheek, and the whole of the sterno-cleidal, or great muscle of the neck, extending to the collar bone. Upon examining the tumor after death, it was found to be almost of a stony hardness, and cartilaginous and bony in its structure. Small spiculæ of bone were found penetrating it in all directions. It is confidently believed that the operation which was performed upon him in Nov., 1825, prolonged his life at least five years."

Deerfield, Jan. 16th, 1840.

STEPHEN W. WILLIAMS.

Thermometer, this morning, 25 degrees below zero.

S. W. W.

MEDICAL STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Had the annexed record of mortality, in the town where I have been in the practice of medicine since the spring of 1827, been kept with a view to publicity, more accuracy would have been had as to ages and ailments. The number of deaths, however, that occurred in each year, I know to be correct; they having been recorded by myself—and the number of those whose age exceeded 60 years, is nearly so. Should this communication, in any degree, subserve your design in collecting "medical statistics" for publication, let it occupy a page in your valuable Journal. But should you deem its more appropriate place to be "on the table," I shall cherish no "morbid" sensitiveness on the subject, or peevish desire to have it "called up."

Townsend, Mass., is a town six miles square, lying on both sides of a branch of the Nashua river, about 40 miles northwest from Boston. It was admitted to corporate capacities in the year 1732. The town contains some excellent land, though the soil in general is not what may be termed fertile. On each side of the stream—which cuts the town nearly in the centre, from northwest to southeast—there is a tract of

low and almost level land, from one half to near a mile and a half in width, on each side of which the land rises into gently undulating swells. From some geological appearances in the neighborhood, this low plain is supposed, at some ancient period, to have formed the bed of an extensive lake. The soil is a diluvium; of course the formation is from gneiss. The original growth of the plain was pine and chesnut; of the hills, oak and chesnut. The bed of the stream, through the whole extent of the town, affords very little fall, and its banks are skirted with many acres of low and marshy ground, which from being covered in the early part of the season with stagnant water, proves, in the latter part of summer and the autumnal months, a prolific source of pestilential miasm.

The prevalent diseases of the place are such as, *à priori*, would be anticipated from such a location—bilious remittent, typhus, scarlatina and bowel complaints during the autumnal months, and lung complaints in the spring. More or less of typhus prevails during the autumn of each year; and in the years 1829 and 39 it prevailed epidemically—from 100 to 200 cases occurring each year. Since the year 1827 scarlatina has once prevailed epidemically, and dysentery twice, with the severity of strongly marked malignancy. Townsend is proverbially a “sickly place,” and the fact that four active physicians, among a population of some 1700 or 1800 inhabitants, find employment sufficient to afford them *some* “daily bread,” would seem to be a verification of the proverb.

The inhabitants live by “the sweat of the brow,” being emphatically of that class termed “working men,” following that most honorable of occupations, originally assigned to our great progenitor, viz., “tilling the ground”—and living upon the fruits thereof, together with the flesh of their herds and flocks, and drinking the juice of their own orchards.

The following is the table of mortality in this town for twelve years, inclusive, from January 1st, 1828, to January 1st, 1840.

Year.	No. of Deaths.	Over 60 years.	Accidental Deaths.
1828	18	5	Drowned, 3
1829	23	4	
1830	16	5	Killed, 1
1831	12	2	
1832	34	12	
1833	36	7	
1834	31	6	
1835	28	5	Frozen, 1
1836	20	6	Burned, 3
1837	30	5	Suicide, 2
1838	31	6	Killed, 1
1839	28	3	
Total,	307	66	11

Giving a yearly average of 25.58; and assuming 1700 as the medium of the population during those years, which probably is not far from the truth, we have a per centage of 1.5 in the hundred, without deducting the number from accidental death, which would reduce the mor-

tality from actual disease still lower. A large proportion of those whose age exceeded 60, were above 70 ; several above 80, and a few above 90 years. Among the different classes included in the above table, the largest number of victims is found in that of children under three years, and the most of them, perhaps, under one—which probably may be accounted for, from the frequent prevalence of dysentery and other bowel complaints.

Whether the average mortality in our adjacent country towns would exceed or fall below that in this town, I am unable to say ; probably the latter, however, for, as I said before, Townsend is considered an unhealthy place. I believe it would be well for our country physicians (a majority of whom, it is hoped, are constant readers of your Journal) annually to furnish you with statistics similar to the above. The cause of science would be advanced by a little attention of this kind, and the medical public and our modern dietetic reformers put in possession of data, from which more accurate calculations and inferences might be drawn respecting the average mortality among our flesh-eating population, when it is found necessary to call the aid of these data to support novel theories. The present agitated state of the public mind on the subject of “what we shall eat and what we shall drink,” demands *facts*, rather than presumption, reason rather than theories. And it is humbly trusted that the experience of our predecessors and fathers will not be lost upon *their* successors, as the experience of parents is too often lost upon their children. History is said to be philosophy teaching by example. We hope this moral and sublime teacher will not in vain lavish her lessons on our medical public, or the people, who entrust to us the care of their health and lives.

JOHN BERTRAM.

Townsend, Feb. 13, 1840.

QUOTATIONS AND REMARKS ON THE BLOOD.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE changes which are produced in the blood, and the resulting diseases, which are the consequence of the abstraction of large quantities of blood, are far from being generally understood, though many medical works furnish a key to the matter.

The following remarks of Eberle are too much in point to be passed over. “Sub-inflammation may exist in one structure or organ, whilst the general system exhibits all the characteristic traits of debility and cachexy. The post-mortem phenomena which occur in human subjects and in animals that have died from hemorrhage, would seem to show, indeed, that even in dropsies from hemorrhages, there exists a morbid state allied to inflammation, in the membranous structures from which the effusion occurs. The experiments of Mr. Seeds, of Kelly, show that in animals bled to death, the meninges of the brain and other membranous tissues almost invariably exhibit a highly injected and congested state.” * * * * *

“I attended a gentleman, a few years ago, who was reduced to the

utmost degree of exhaustion compatible with life, in consequence of a long-continued and almost uninterrupted flow of blood from the rectum, and who finally became anasarcaous over the whole body, while at the same time his eyes were very considerably and obstinately inflamed."

The experiments of Magendie throw much light on purulent ophthalmia. He presented a dog that had been fed on beef fat, as a proof of the influence of regimen on the production of ophthalmia. The animal's eyes were red and coated with puriform matter. Three or four bad cases of purulent ophthalmia have recently come under my observation. On inquiring into the habits of the patients, I found that oil, fat, &c., entered largely into the diet of each. Speaking of the dog in which ophthalmia was induced by feeding him with fat, Magendie says, "I could not adduce a more striking example than this to demonstrate the immense importance of alimentation in respect to the nutrition and diseases of our organs. Observe the harmony that subsists between the blood and the vessels containing it. So long as that fluid retains its normal character, it traverses the capillaries of the liver freely. The moment it grows too viscid, it stagnates and allows some of its materials to pass, by infiltration, into the parenchyma of that organ. Suppose it is ascertained that the liver is thus affected, what mode of treatment should we advise? *Purgatives to stimulate the biliary secretions and disgorge the liver; leeches to the anus to unload the mesenteric veins; moxas and issues to the right side of the abdomen, to displace the irritation; venesection to lower the inflammatory state*, and many similar agents, would no doubt be employed by the regular, routine practitioner. For my part, if I had to combat an affection of this kind, I should commence by inquiring into the previous regimen of the patient, and ascertaining if he had not made excessive use of butter, fat and oil. If such were the case, beyond a doubt the first thing to be done would be to change the patient's regimen. The liver might then possibly recover its normal structure."

Every day's observation convinces me that truth is simple; that the causes of disease are not as remote and obscure as they are deemed by many. It is not enough that a physician is able to give beautiful descriptions of pathological phenomena—that he can talk learnedly of effects, if he knows nothing of causes. Such a physician may bleed for delirium induced by an over-loaded stomach, till he destroys his patient, when a knowledge of the cause of the affection would lead to a course essentially different, and would save the patient. Magendie says, "what we see occur in the conjunctiva permits us to judge what takes place in deep-seated organs. Far from inquiring into the causes of these disorders, people are generally contented with referring them to favorite theories, and with a word which is essentially meaningless, fancy that they express most important facts."

I have before quoted the language of Eberle with regard to the experiments of Seeds, of Kelly, viz., that these experiments show that in animals bled to death the meninges of the brain and other membranous tissues almost invariably exhibit a highly injected and congested state. Now let us put in juxtaposition with this statement the fact that deli-

rium frequently occurs as an immediate effect of the loss of blood, and still more frequently as a remote effect.

The following remarks of Brodie should be remembered by the physician who never forgets his lancet—"When bleeding has been carried to a great extent, symptoms frequently occur which in reality arise from the loss of blood, but which a superficial observer will be led to attribute to the injury itself, and concerning which, indeed, it is sometimes difficult even for the most experienced surgeon to pronounce in the first instance to which of these two causes they are to be referred. Repeated, copious bloodletting is of itself adequate to produce a hardness of the pulse, which we shall in vain endeavor to subdue by persevering in the same system of treatment. In many individuals it will produce headache and confusion of mind, not very different from what the injury itself had previously occasioned. These things may be observed especially in young females who are disposed to hysteria, and whom I have often known to suffer from a continued aggravation of such symptoms as I have described, while the system of depletion has been continued, recovering immediately on the use of the lancet being laid aside, and on their being allowed to take solid nourishment with occasional doses of carbonate of ammonia."

It is certain that bloodletting will often relieve, for a short time, distressing symptoms, and it is equally certain that the same symptoms often return much aggravated, as a consequence of the loss of blood. Dozing and drowsiness from inanition are often mistaken for inflammation or congestion, and treated by depletion. The consequence is, death is rendered certain.

Will not medical men avail themselves of the valuable information contained in Magendie, Marshall Hall, and other works which have such immense practical value? If these works must remain unread in our libraries, I, for one, shall have less confidence in a profession whose aim should be to bless humanity. These works do not decry bloodletting as a remedial agent. But they are eminently calculated to guard against its abuse. Physicians are a class of men upon whom rests a fearful responsibility. They should never feel that they are educated. That medical man who has "*finished his education*," is entitled to just as much respect as the boarding-school miss who has done the same thing. For the honor of the profession, for the good of humanity, I would say to all physicians, read Magendie, if you are obliged to burn the midnight oil to accomplish it. A. B.

IDENTITY OF SMALLPOX AND KINEPOX.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As variola and vaccinia are at present attracting much notice, I send you a case, which interested me much a few years since, at a time when the identity of smallpox and kinepox was not so well proved as at present it is.

In the summer of 1835, I vaccinated a child three months old. On

the 8th day I called and found the operation genuine. The pustule was flat and circular, with the characteristic central depression. On the 11th day, the parents called me to look at another pustule, about two inches from the kinpox pustule, which had all the characteristics of smallpox. It was pea sized and shaped, and I thought, when looking at it, that matter taken from it would probably produce, in an unprotected patient, genuine smallpox.

The child had been exposed to no variolous contagion, and I could only account for the pustule by supposing the vaccine disease to have so thoroughly impregnated its tender system, or, if the expression be correct, to have given it so much smallpox, as to cause one smallpox pustule to be thrown out. If I was correct in supposing one a kine and the other a smallpox pustule, the case is another proof of the truth of the theory, which, however, needs no further proof, that kine is only smallpox, modified by having passed through the cow.

Amherst, Feb. 8, 1840.

GARDINER DORRANCE.

MORTALITY IN THE UNITED STATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the account, in a late number of your paper, of the mortality in Wilton, Maine, the writer takes occasion to observe that one of your correspondents represents the average mortality in the United States as about 1 in 40; and that of New England about 1 in 41. As I suppose he refers to a statement of my own, and as some of the newspapers have also questioned the correctness of the supposed estimate of 1 in 40, I take this opportunity of referring your readers to the original remark in my article. The language I used was as follows:

“The average annual mortality of the United States is usually placed at 1 in 40. New England may vary a little from this, though it is presumed not much. We will suppose it, however, to be 1 in 41.”

It will here be seen that I did not make the statement on my own authority. My author was Dr. Dunglison, in his *Elements of Hygiene*. He says this is the rate of mortality usually assigned to the United States; though he does not give—for he says he does not know—the authority on which *his* statement rests. The estimate respecting new England, of course, is based on that. If one is incorrect, the other is; and it is quite possible that New England is healthier, comparatively, than I suppose. Farther reflection induces a belief that 1 in 50 may be nearer the truth; but of course, as the census of the United States is deficient in facts which might serve as data in making estimates of this sort, it is impossible to say anything on the subject with certainty.

The disparity between the mortality of some of our cities—even Boston—and many of our country places, is certainly very great; but I do not think it quite so great as, at first view, one would suppose. For while the city mortality may be fairly set down, as I think, at about 1 in 40, some of your correspondents, in giving the mortality of very healthy country towns and villages, make it not more than 1 in 70 or 80. But it should be remem-

bered that a considerable class of deaths usually retained in city bills of mortality—viz., the *stillborn*—is often if not always omitted in other bills of mortality, unless kept by physicians. Admitting the deaths, of this class, to be fewer in the country than in the city, still the omission to which I refer would make quite a considerable difference in the whole average mortality of the United States.

One thing more. Country clergymen, who usually keep these bills of mortality, do not always make them complete in another respect. Suppose the clergyman is of the Episcopal denomination. He keeps a record of all the deaths in his own parish; but how is it with a small society of Methodists in a remote part of the town, and a handful of Baptists in another part? He does not always officiate at the funerals in these cases; may he not thus omit many deaths in his record? He certainly does in some cases.

WM. A. ALCOTT.

Dedham, Feb. 18, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, FEBRUARY 26, 1840.

TURNER'S CHEMISTRY.

A NEW edition of this excellent work has just appeared. We have long been looking for it with impatience, and anticipated a rich harvest of new facts and discoveries. We have, however, been miserably disappointed. The new edition (the 6th in this country) turns out to be, as we are informed on good authority, merely a *reprint of the old one of 1835*. This is most disgraceful, for so great and numerous have been the discoveries and improvements in this science, that Dr. Turner's Elements required to be entirely remodelled. The lamented author was, we have understood, engaged upon it at the time of his death, and since then it has been in the hands of his brother and the eminent Professor Liebig. They have published three *parts* in England, but the work is *not yet completed*. Fearing that it would be supplanted by some of the many works which have recently appeared, we suppose the Philadelphia publishers were led to issue this edition. But it contains few or none of the new discoveries and doctrines. Instead of carrying the student forward and bringing him up to the present advanced state of the science, it will leave him where it was five years ago. The whole subject of organic chemistry, so important to the medical man, is re-published just as it was in 1835, while Liebig has entirely remodelled the whole. It is an act of great injustice to the memory and fame of Dr. Turner, and an imposition upon the student, to issue this as the sixth edition of Turner's Elements, with the recent discoveries and doctrines of the science. Where the Elements have been used as a text-book, it must now be laid aside, unless we are disposed to remain behind the advanced state of chemistry.

Maryland Medical and Surgical Journal.—By the merest chance, a copy of this new periodical was obtained last week, from an old friend

who has just returned from Baltimore. It must be that the copy intended for our Journal was lost on the way, as it seems impossible that we should have been forgotten in the way of exchange, after all the services that were proffered when the intention of the Maryland faculty was first announced. With respect to its external appearance, since people are very much influenced by the outside of things, it is very creditable to the typographical taste of the publisher, Mr. Murphy, 146 Market street, Baltimore, to whom subscriptions may be directed. The title is, "*The Maryland Medical and Surgical Journal, and official organ of the Medical Department of the Army and Navy of the United States.*" Published under the auspices of the Medical and Chirurgical Faculty of Maryland. Editorial Committee—G. C. M. Roberts, M.D.; Nathaniel Potter, M.D.; James H. Miller, M.D.; Robert A. Durkee, M.D.; J. R. W. Dunbar, M.D.; and Samuel G. Baker, M.D. It is to appear quarterly, viz., in January, April, July and October, and the price is \$2,50 in advance, or \$1 per No. of 136 closely and well-printed pages.

As all our editorial friends in other cities have anticipated us in presenting a notice of the contents of the Maryland Journal, it is hardly necessary to make extracts at this late hour—almost two months after the appearance of the first No. In future we shall endeavor to keep pace with it, and transcribe such papers as will give the best idea of the value of the enterprise.

Charter of the Massachusetts Medical Society.—Those who read the proceedings of the Legislature now in session in Boston, have noticed, without doubt, that Dr. Bartlett's case has again been brought before that body; but what course will be given to the matter, we have no means of knowing. A joint committee of both branches has been appointed. The report of the evidence in the case, "John Stephen Bartlett, M.D., *versus* the Massachusetts Medical Society," at the last session of the General Court, fills a pamphlet of fifty-five pages. Whether the profession at large take much interest in it or not, we have never taken the pains to inquire. It is astonishing that men of intelligence can for a moment entertain an opinion unfavorable to the general character and quiet pursuits of a venerable institution, whose declared object is to provide the people with physicians and surgeons of unquestionable qualifications to discharge the responsible duties of their profession.

County of Berkshire Physicians.—The following resolution is extracted from an advertisement in the Pittsfield Sun, calling upon the profession of Berkshire County to assemble at Lenox, February 26th.

"Resolved, That, whereas the Medical Society of Massachusetts has heretofore failed to fulfil the great objects of medical association—we hereby associate ourselves together under the name of the Berkshire 'Medical Association.'"

We hope there is no growing disaffection towards the parent Society in that quarter, where so many friends once lived.

American Medical Library.—Owing, it is presumed, to the closing of the Sound by ice, not a single No. of this publication has reached Boston for many weeks, till Tuesday last, when four Nos., viz., 18, 19, 20 and

21, of Vol. 3d, were received. As usual, the contents are of an acceptable kind. Scoutetten on Club-feet, accompanied by several finely-drawn lithographs, strikes us as being an article of great value at this particular period, when so much attention is given to that department of surgery. An article on the same subject, with plates, is also contained in the last No. of the New York Medical Journal.

Plague at Jerusalem.—Mr. Hebard, a missionary, under date of Sept. 5th, 1839, writes that the plague still continues its fearful and destructive ravages in the ancient city of the Jews, and many of the inhabitants have fallen victims to it, since its first appearance. When Mr. Hebard wrote, it was hoped that the scourge was a little less violent than it had been. In the midst of the desolation and excitement caused by such a terrible malady, the people of Hebron rose in rebellion, and the condition, therefore, of European and American strangers, surrounded by pestilence and war, was exceedingly embarrassing, as the whole region of country about Jerusalem was in such a disturbed state as to render travelling wholly unsafe.

Milk Sickness, alias Sick Stomach.—This endemic of the West, to which science has not yet given a name, and even sometimes professes to doubt the existence, continues to attract the attention of the people and country practitioners, in various parts of Ohio, Indiana, Illinois, Kentucky and Tennessee. Some time since, we received two communications concerning it. One from Miami county, the other, accompanied with specimens of a plant supposed to be the remote cause, from Fayette county, in the State of Ohio. The former by an intelligent, but non-professional gentleman, presents as the poisonous plant, supposed to produce the disease, the *Rhus radicans*; but as this vine grows universally in the West, while the malady in question is limited to particular spots, we cannot concur in the hypothesis. The plant transmitted to us by the latter, is the *Eupatorium age ratoides*, found *everywhere* in our fertile woods; and, therefore, not likely to be the cause of a disease perseveringly limited to certain localities. Moreover, judging it by the taste, it is quite inert; and, indeed, the whole genus to which it belongs, except the *perfoliatum*, appear to be destitute of active qualities, and that species is by no means of a noxious character.

In connection with this subject we record the following fact. In the month of July last, about twenty of the boarders, in the hotel of Mr. Madeira, Chillicothe, Ohio, were attacked in one, two or three hours after breakfast, with nausea and vomiting. In some, the latter was violent, and accompanied with spasms of the stomach, and a degree of prostration, from which they did not entirely recover for three or four days. Of course, this affection was ascribed to something eaten at the table, but the only article taken by the whole was *butter*; and that butter, it was ascertained, had been brought from an adjoining county in which the milk sickness prevails. Many facts of this kind have been reported by the people in different parts of the West, but generally discredited by the profession. We beg leave to commend the whole subject to our country friends, and shall be happy to give publicity to their observations and experiments.—*Western Journal of Medicine and Surgery.*

Scarlatina Simplex.—For several years past, different varieties of *Scarlatina* have prevailed, somewhere in the West. In one year, one town has been affected, in another, a different place. In degree, it has varied from high and fatal malignancy, to extreme mildness. During the present winter in Louisville, it has assumed the latter character, presenting itself as a slight febrile affection, with moderate tumefaction of the glands and ganglia of the throat and neck, followed in several cases by œdema of the lower extremities. In some families most of the children have been either simultaneously or successively affected.—*Ibid*.

Scald of the Glottis.—*Bronchotomy*.—On Friday evening, October 18, about five o'clock, a child, three years old, named Whitehead, was brought to St. Bartholomew's Hospital, after having swallowed boiling water, or inhaled its steam. The mother had been in the habit of giving it tea from the spout of a teapot, which had led the child to apply to the spout of a teakettle. There was difficult deglutition, pain in the throat, and all the symptoms of croup. The mother would not allow the child to remain in the hospital; but finding it was getting worse she brought it again about eleven at night, with all the symptoms alarmingly aggravated. One of the surgeons was sent for, but before he arrived the danger of asphyxia was so imminent, that Mr. Travers, the house-surgeon, performed the operation of bronchotomy. Immediate relief was afforded; but the child died about ten on Saturday night.

This is one of a class of cases where the *early* performance of bronchotomy is imperatively called for, the fatal symptoms being produced, in the great majority of cases, not by the local injury which such accidents must produce, but by the effects on the glottis impeding the transit of air, thus producing an impediment to respiration. The pathological changes are excoriation of the mouth and fauces; effusion of serum into the sub-mucous tissue around the glottis; many small vesicles on the surface of the mucous membrane; with vascularity, and a coating of lymph, or viscid mucus, on it.

Many cases are recorded of success under these circumstances, even when death was at hand; but if success is to be expected with confidence, the trachea must be opened before cerebral congestion, or effusion into the pulmonary tissue, has occurred. In the case before us there is little doubt, that had the woman submitted her child, at first, to its performance, a different result would have ensued.—*London Lancet*.

Hydrocele. *Injection of pure Port Wine*.—A man named Mackenzie, aged 50, admitted to St. Bartholomew's Hospital Oct. 11, was operated on for hydrocele on the following day. The disease came on six years ago, without assignable cause. He was tapped two years ago, but the sac was not injected. On admission he was suffering no pain, but merely came in to be relieved from the inconvenience produced by the size of the tumor, which was nearly as large as the head of a small infant. The surgeon introduced the trocar without previously dividing the skin. This is generally omitted, but it prevents the trocar entering with a jerk, and thereby removes all danger to the testicle. About half a pint of fluid was evacuated, and then port wine, undiluted, was injected. It was removed as soon as pain came on. He has had no more local inflammation or constitutional disturbance than was to be looked for, and went out,

probably, with a radical cure. On the same day Mr. Stanley, also, injected pure port wine, and with similar favorable results, his patient having been discharged on Saturday the 19th.—*Ibid.*

Necrosis.—On Thursday, at St. Thomas's Hospital, Mr. South trephined the tibia, with the view of letting out matter which was supposed to have formed in the bone. The man had suffered from necrosis sixteen years ago, and exfoliations continued to trouble him for three years. Since that time he has only had what appeared like a large node on the tibia, which gave him no great inconvenience, except from the deformity it occasioned, till about six weeks ago, after exposure to cold, sudden excruciating pain came on, without shivering or nocturnal exacerbations, and with very slight remissions. Little was done for him, with the exception of poulticing, till Thursday, when the bone was trephined, after making a crucial incision through the integuments, and dissecting them back a little. This operation gave the poor fellow great pain, but nearly an ounce of thick pus escaped, and he has since been quite relieved from his suffering, and is going on very well.—*Ibid.*

State of the Kidney in Dropsy following Scarlatina.—At a meeting of the Westminster Medical Society in November, Mr. Streeter placed on the table the kidney of a child aged five years, who had died from anasarca succeeding to scarlet fever, with serous effusion in the cavities of the chest and abdomen, and in the substance of the lungs. The kidney was highly congested in its tubular portion. Dr. Bright had informed him that he had just had an opportunity of examining the kidney of a patient who had died under similar circumstances; the kidney was mottled from irregular distribution of blood through its structure, with probable deposit. The first-mentioned case exhibited nothing worthy of remark, except that no medical treatment had been employed until near its termination; the parents of the child being scarcely aware that it had scarlatina. No urine could be obtained for the purpose of being tested.—*Ibid.*

Medical Miscellany.—Smallpox has appeared at Frankport, Me., and excited considerable alarm in all the region about.—Dr. Flint, of Louisville, Ky., performed the operation of lithotomy on a boy only seven years of age, January 15th, with complete success. The stone was one and a half inch long, an inch and one eighth broad, half an inch thick, and of an oval shape.—Dr. John Watson has been elected one of the surgeons of the New York Hospital.—Two individuals have lost their lives in this city within a few months, from applying creosote, to excess, to a decayed tooth.—The unfavorable rate of mortality assigned to New England by Dr. Alcott, in a late No. of the Journal, which does not seem to have been so well founded on "facts," as the reader was led to infer, appears likely to be the means of calling forth data, from which a near approximation to the truth may be obtained. Dr. Bell, in his essay, published in the thirteenth volume of this Journal, from the returns of a large number of towns, some of them for many years in succession, estimates the average annual mortality as 1 in 70 or 80.

Number of deaths in Boston for the week ending February 22, 27. Males, 18—females, 9—stillborn, 2. Of consumption, 5—smallpox, 3—dropsy on the brain, 2—lung fever, 4—infantile, 3—inflammation in the head, 1—nervous fever, 1—dropsy, 1—old age, 1—canker in the bowels, 1—scarlet fever, 1—scrofula, 1—inflammation of the lungs, 2.

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence in this institution on the second Tuesday of March, 1840, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.

General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.

Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.

Principles and Practice of Surgery, by JAMES RYAN, M.D., Philadelphia.

Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.

Medical Jurisprudence, by RALPH GOWDEY, M.D., Middlebury, Vt.

The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.

Castleton, Vt., Jan. 1840.

J 15—tM

JOSEPH PERKINS, Registrar.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. G. WILEY, or to either of the subscribers. H. I. BOWDITCH, J. V. C. SMITH.

Jan. 29—epImeptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

epImeptfM

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII.

WEDNESDAY, MARCH 4, 1840.

No. 4.

ON THE OPERATIVE SURGERY OF TUMORS.

A CLINICAL LECTURE AT THE NEW YORK HOSPITAL, BY A. H. STEVENS, M.D.

As you have recently witnessed an operation for the removal of a tumor, I design, on the present occasion, to make some remarks upon this branch of operative surgery. I am the more especially led to do so, because it is not a subject well understood by young practitioners, nor, so far as I know, correctly described by any surgical writer.

The proper mode of removing tumors with the knife, is by far the most important of all the knowledge you can acquire of these diseases—for such is their diversity, that all attempts at a regular classification have been so unsuccessful as to be comparatively useless. The diagnosis of the various species, founded upon their external appearances, is, in many cases, exceedingly uncertain; even dissection, after their removal, sometimes leaves us in doubt as to their true character. Again, but a very few can be removed, or prevented from increasing in size, by any other means than a surgical operation. It is, therefore, hardly an exaggeration to state, that in practice the sum total of all our useful knowledge is that which teaches us the best method of performing these operations. This, then, is the subject of the present lecture.

Tumors often form beneath the scalp or the integuments of the eyelids. These are usually hollow, that is, they contain matter more or less fluid, and are called *encysted*. They adhere very loosely to the adjacent parts.

The most common mode of extirpating these tumors is by dissecting them out; but this is not always easily done, especially if the tumor be very small. I have known half an hour occupied in removing a tumor, not larger than a pea, from the upper eyelid. Sir Astley Cooper advises that they should be cut into, and then torn out. If the first of these operations is attempted, the surgeon should be quite sure that he does not begin to dissect around the tumor until he has laid it quite bare. But I prefer the other method, and this is the way of proceeding that I would recommend: At the first incision, I would cut freely into the sac of the tumor; seize the sac with the forceps, and pull it away either at once, or in different portions. If the sac resists, it will be because you have seized with the forceps one or more of the layers of cellular tissue which are always found surrounding the sac, and which are occasionally dense and strong. The connection of the sac with these layers is loose, but they adhere closely to each other. A few months since, I

removed, in two or three minutes, six of these tumors from the head of a young gentleman of this city. The rule, therefore, is this—*cut into the sac and turn it out*; but do not attempt to tear away anything else with the sac.

If it should happen that any portion of the sac has formed strong adhesions to the surrounding parts, an occurrence which is extremely rare, it is proper that you should understand that a perfect cure may be obtained by destroying the internal membrane (which is seldom thicker than parchment) with a slight application of the *kali purum*, or of the nitrate of silver.

In the extirpation of *solid tumors* (I exclude a few cases of small malignant tumors where it is desirable to remove with the tumor a considerable mass of the circumjacent parts), there is one rule which should never be lost sight of, and by following which, many difficulties will be avoided—it deserves to be written in letters of gold. Did I say one rule? Let me rather say two rules, the first of which is this: *cut down to the tumor*. This may seem to be a simple matter, so simple that the necessity of it must occur to every one. Be this, however, as it may, I do aver that in some hundreds of tumors which I have seen operated upon, and often by very skillful surgeons, the tumor has seldom been fairly exposed and laid bare before its dissection has been commenced. Vessels have been unnecessarily divided, and the operation has been protracted by the loss of blood, and the necessary application of ligatures to the arteries. How this happens I will now attempt to explain.

Let us take for illustration the very common case of an enlarged lymphatic gland, in the neck. In its normal condition, this gland is supplied by one principal nutritive artery, and it is surrounded by an indefinite number of layers of cellular tissue. The layer next the gland embraces it like a shut sac; the exterior layers in contact with this, diverge and surround the adjacent parts. When the gland becomes enlarged from hypertrophy, or by becoming the seat of malignant deposits, the innermost layer of cellular tissue forms a sac, and its connection with the gland is usually loose, so that it may be readily stretched, or torn with the finger or the handle of the scalpel. The outer layers are also, in general, loose, and capable of being torn in the same way; but the manner in which they are applied to the gland, or rather to its sac, is worthy of particular attention, as affording a clue to the difficulties which are often encountered in these operations. The external layers of cellular tissue which cover the gland become, in the progress of its enlargement, stretched upon the exterior surface of the sac, being sometimes adherent to it, and to one another; from this point they diverge, passing to the anterior surface of some muscle, nerve or bloodvessel, or to the posterior surface of some of these or of other organs. The tumor itself, in the meanwhile, receives no new vessel, other than that which originally supplied it, even though it may have grown so as to completely surround the carotid artery, the internal jugular vein, and their branches. Even in this case, the proper sac will be found interposed between these parts and the tumor. These vessels are, in other words, pressed

into the side of the tumor, which, with its sac, becomes folded around them; thus, strictly speaking, they form no part of the tumor, being exterior to the sac.

Keeping in mind the close application of several layers of cellular tissue, over the most superficial portion of the tumor (the first and greatest enlargement of the tumor being in this direction, because it is there least opposed in its progress by the pressure of the surrounding parts), and the separation of these layers on the lateral and deep-seated portions of the tumor, it is easy to understand:

1st, That important bloodvessels, nerves and other organs may be brought into close proximity to the morbid growth without absolutely touching it.

2nd, That if the surgeon, in cutting down upon the tumor, does not divide each and every layer investing the tumor before he begins to dissect around it, he cuts outside the sac, gets into some of the folds of cellular tissue, and encounters parts which ought not to be meddled with. He finds his knowledge of normal anatomy of little service to him; he gets away from the tumor, and makes a tedious and bloody operation in a case, where a different method of proceeding would have made everything plain and easy.

Finally, when the tumor is removed and examined, folds of cellular tissue, perhaps portions of muscle, or of other parts, are found to have been removed with it, which can be torn off, and that very readily, from its external surface. Had the surgeon, in the first instance, cut down to the tumor after dividing every layer investing it, no more difficulty would have been experienced in tearing these layers from the tumor before it was removed than afterwards.

If a surgeon is not familiar with operations upon tumors, he will almost uniformly fall into the error I have pointed out. The layers of cellular tissue are so transparent, and so closely applied to one another, that the tumor is distinctly seen, even when it is covered by several of them. It is better for a young surgeon, and even for an old one, if he has any doubt in the matter, to cut a little into the tumor, in order to be sure that he has fairly cut down to it.

Having reached the tumor, if the cellular tissue can be torn by the fingers or by the handle of the knife, tear it—in cases where it cannot be torn, cut in this manner: put the tumor upon the stretch, and cut lightly upon it near its points of attachment. Thus you avoid the possibility of any large bloodvessel or nerve being brought under the edge of your knife without being seen.

If the tumor is very large, or is deeply seated, it will sometimes be advisable, after having separated the attachments of the exterior portion of it as deeply as possible, to remove this portion. The removal of the remaining portion is thus much facilitated. In this manner, I safely removed a large tumor situated beneath the mastoid muscle, and which embraced the ninth pair of nerves in one part, and the common carotid artery, the internal jugular vein, the par vagum and œsophagus, in another part; after very little cutting the sac was separated from these parts. I have never taken up the carotid artery for the removal of a

tumor in the neck or face, nor do I believe that it is ever necessary. If the principles already laid down are carefully observed, there will be no danger of hemorrhage, nor yet of sloughing, from the nerves and blood-vessels being extensively laid bare—laid bare, indeed, they are, but their sheath still covers them, and is sufficient for their nourishment. I have, on several occasions, left them plainly exposed, from the sternum to a point above the bifurcation of the carotid artery, and have never known secondary hemorrhage to follow.

In conclusion, I do not feel willing to admit the impossibility of safely removing any tumor about the head or neck, always excepting enlargements of the thyroid and parotid glands, of the successful results of which operations I have no knowledge.

In some cases of malignant tumors, not only the superficial, but other portions of the sac will be found closely adhering to the adjacent parts. If the tumor is in the vicinity of important parts, as in the axilla or neck, the plan I would recommend is this—cut down until the knife fairly enters the diseased parts, then, by the sight and touch, decide where the tissues, adjacent to the disease, are entirely healthy; make a slight incision into them on the distal side of the tumor; continue to separate them with the handle of the scalpel and the finger. If you are among healthy parts, as you proceed the cellular and other tissues will yield to a very moderate degree of force; the separation of the veins, arteries, and, lastly, the nerves, will require more force, increasing in the two last named. These parts will be felt like strings holding the tumor, and are not easily separated. Be careful not to use much force in the separation of a large artery, and still more in the separation of a large vein. It is a great mistake to suppose that arteries when torn never bleed: I have often seen them bleed, *per saltem*, after having been torn by the finger. Still, they do not bleed so freely as when cut, and, moreover, their orifices are usually easy to be found, and as easily secured. They also stop bleeding much sooner, if an attempt is made to check the hemorrhage by pressure. A nerve no larger than a silk thread is half as strong; yet I have broken them when nearly as large as a small crow quill. My practice is to bring the resisting cord, be it vein, artery or nerve, into view upon the palmar side of the fore-finger of my left hand, and then to seize it with the forceps, and divide it half an inch on the distal side of that instrument. If it is an artery, its patulous mouth will be seen, and a ligature may be applied before the forceps is removed. Thus you will conform to the *second rule*, that is, to remove the whole tumor and nothing more.

The dangers of operations for the removal of tumors may be thus enumerated, in the order of their magnitude, in the majority of cases:

1st, *Hæmorrhage*. This may be either venous or arterial; usually the latter. Venous hæmorrhage may be diminished by placing the patient in such a position for some time before and during the operation, as will favor the return of blood by gravitation. Large veins running over the surface of a tumor may be rendered distinct by pressure, and pushed to one side, or tied and divided.

Arterial hæmorrhage may be diminished by tearing the vessels from

the tumor. I have seen some surgeons tear the tumor itself out; this cannot always be done except to a limited extent, because a large number of parts are thus put upon the stretch at once. The better way is to hold the tumor, and tear off its investments, one portion at a time, with the fingers or with a strong pair of forceps; this method is also less painful than the former. Sometimes a vessel will retreat behind the ramus of the lower jaw, or into the axilla, and give rise to a troublesome bleeding. As these are usually the last attachments to be divided, it may be prudent to tie them before this division is made. I would also advise you always to divide and secure the trunks of arteries, before dissecting among their branches. If you neglect this rule, you may cut and tie the same vessel half a dozen times, as I have often seen done. This is the reason some surgeons are constantly encountering tumors of extraordinary vascularity; this vascularity being, in fact, simply owing to their wandering away from the sac of the tumor, and dividing the vessels at each successive cut nearer and nearer to the heart.

An important means of diminishing hemorrhage, in the removal of large tumors, is to subject them, for some hours previous to the operation, to the influence of cold applications. This, besides lessening the quantity of blood in the parts, has the effect also of diminishing the sensibility of the nerves, and thus essentially moderating the danger from the shock of the operation.*

Another, fortunately a more rare source of danger in operations for the removal of tumors, is the *introduction of air into the veins*. I have met with this occurrence only once in my practice, and that was in this hospital about ten years since. I was in the act of removing the last of several of the deeper chain of lymphatic glands of the neck, which had become enlarged so as to interfere with the functions of deglutition and respiration, and was cautiously using the knife about half an inch on the outer side of the internal jugular vein. After a slight escape of venous blood, I heard a noise like that produced by drawing up with a syringe the last drop of water in a vessel. I immediately placed my finger over the spot from which the blood had issued, not being able to discover any orifice; and looking the patient in the face, asked him how he felt; he answered, "very well." Marks of consternation were visible around me, and many suggestions were made which I did not heed, but calling for an eyed probe, I directed a ligature to be passed through it. I applied to the internal jugular vein two ligatures—one above, the other below the wound, directing them to be successively tightened. I then removed my finger and proceeded with the operation. No bad consequences followed the application of the ligatures. The wounded vein appeared to be a branch of the internal jugular, but I did not think it safe to pass a ligature directly round the divided vessel, not liking to run the hazard of removing the pressure of my finger.

I have enumerated, under the preceding heads, all I have to offer on

* It has often occurred to me, though I have never put the idea into practice, that cold might be readily applied so as to cause tumors to slough out, and that the process would not be attended with as much pain as caustics, or even the knife.

the first branch of this subject, except that I would dissuade you from performing any operation upon a female about the menstrual period; and when about to perform it, to have the instrument within your own reach, rather than to have it handed to you by an assistant.

In operations of great magnitude, I like to have the assistance of a judicious medical practitioner; he need not be a surgeon, but he should know what human nature will bear, and what it will not. If he is a personal friend of the patient, so much the better. I request this person to attend to the personal comfort of the patient (there is comfort in a well-performed operation, comparative comfort at any rate), to see that his position is easy, that he is supplied with suitable drinks, and, above all, to keep me informed, by a look or word, how the patient's pulse continues—how he sustains the operation; not but that the surgeon should judge for himself of the condition of his patient, but with this assistance he will avoid having his mind distracted too much from the manipulations of the operation; he will still find suitable occasions to give a look or word of sympathy and kindness.

An adult, with ordinary powers of endurance, will, generally, sustain an operation of the average severity, during protracted suffering of one hour's duration—rarely much more than this. A clammy skin, with coldness of the extremities, and a soft, thready pulse, indicate alarming exhaustion of the vital powers. But an experienced surgeon will judge most accurately from the expression of the countenance, from the eye and mouth especially—the former partially loses its lustre, the latter becomes relaxed, until, finally, the eyes are turned upward, and the jaw falls, indicating an almost hopeless condition. The voice, also, is an index of the degree to which the vital powers are sunk; its tones become more and more feeble, until, at length, the patient can only speak in a low whisper, like one in the collapsed stage of cholera, and finally ceases to articulate at all. On the first approach of this state of things, I would advise you to give your patient a few minutes' respite. I give you the above indications, as being the only ones that occur to me as capable of being conveyed by language; your own observation will hereafter enable you to determine their real value. It is also important for you to know that a patient will endure a long operation much better by being allowed two or three short intervals in which to rally during the progress of an operation, it being more easy to prevent him from sinking, than to raise him from extreme prostration.

In conclusion, let me advise you never to undertake an operation which your own judgment does not approve. In a matter involving life, the wishes of the patient, either for or against the operation, should go for nothing, and so should the authority of others. If reasons cannot be given that convince you, retain your own opinion, and act upon it, if the patient will submit to it.

Finally, do not assist or countenance, except officially as hospital surgeons, an operation undertaken against your judgment. I acted otherwise on one occasion; certainly I shall never do so again. After the operation had but fairly commenced, I saw, by the patient's countenance, that he would sink under it, and taking aside a friend of the

operator, I entreated him to use his influence, which I thought would be effectual to avert the further procedure: but my request was not regarded, and the patient survived only a few hours.

It is not in the way of self-praise, but to endeavor to give value to the remarks I have made, that I say, that during the course of five and twenty years' practice, during most of which time I have been a surgeon in this hospital, I have never declined an operation as impracticable which afterwards proved to be otherwise, and that I have never lost a patient from the immediate effects of any operation I have undertaken.—*N. Y. Journal of Medicine and Surgery.*

TRIFOLIUM PRATINSE.

DR. MEAD, of Poolville, N. Y., in a recent letter says—"In the last volume of your Journal I saw a short notice of the use of the ext. of *Trifolium pratense* in ulcers, &c. I have used it in three cases of irritable ulcers with the most happy effects. It was conjoined, however, with alterative treatment. In two cases it cured them in a little while, after everything else, almost, had failed to have any effect. A case has occurred in the practice of a neighboring physician, of what was denominated "fever sore," where this extract was made use of. In every case where I have seen it used, so far, it has allayed all irritability, and promoted healthy granulations, and the healing of the ulcers."

MEDICAL REMINISCENCES.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

CONTINUING the subject of bills of mortality, I have ascertained, since writing the last number, that in the Second Society of the town of Wethersfield, from 1826 to 1840, the average mortality has been $9\frac{1}{2}$ annually, which is 1 of $68\frac{1}{2}$ of the population. I am able now to present the ratio of deaths in this parish for 94 years in succession. For the first 80 years, it was 1 of 76. For the whole period it will stand as follows: Whole number of deaths, 813; which divided by 94, the number of years, will make $8\frac{2}{3}$ annual average, or 1 of 75 of the population. During the 14 years from 1826 to 1840, the deaths of consumption in this parish were 12 only, amounting to 1 of 11 of the deaths—a very small proportion indeed, considering that the village is not exposed to miasmatic fevers. From these facts it appears that, in this parish, it will take something more than 76 years to produce a number of deaths equal to the average number of the population.

I have before me a very interesting communication from the Rev. Dr. Chapin, well known throughout New England as a most respectable and worthy clergyman, who is the pastor of the third parish of Wethersfield (Rocky Hill), where he has been settled from the year 1794 to 1840, a period of 46 years. He writes, "The correctness of my book for that space I cannot doubt." The table is so interesting, I present it as he gave it to me.

Anno Domini.	Infancy.	From 1 to 10 yrs.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	Of Consumption.	TOTAL.
1794	2	3		2	1		2		5				15
1795	3	11	1	1	2	1	1	1			1	1	22
1796	8	4		1		1				1			15
1797	6	4		2	3	1	3	1		1		6	21
1798	5	1	1	1	1	2	2		3	1		2	17
1799	4	3		2	1	1		1	3	1			16
1800	5	1		1	3	3	2	1	1	3		2	20
1801	5	3	1		2		2			1		3	14
1802	5	5	1		1		1	1	2	1			17
1803	2	5		1	1	1		2	4			3	16
1804	5	4	1	1	1	2	4	1	2	1		3	22
1805	2	3			2	1		4	3	1		8	16
1806	3	2		2	1	1	2	1	2			3	14
1807	4	2		4		3	1	2	3			6	19
1808	3	2			4		1	2		1		3	13
1809	1	2		1	2		1			1		3	8
1810	3	4	1	2	1	2	1	2	1	1		4	18
1811	3	2				2		3	1	1	1	1	13
1812		1	1	2	1	2		3	1				11
1813	1	1			2	3	3	2	1	3		2	16
1814	5			1	1	3	1	1		1	1	2	14
1815	6				1	1	4	1	3			2	16
1816	2	2		1				1	3	1		2	10
1817	3				1		2	1	1	1	1	2	10
1818	3						2	1				1	6
1819	1	1	2			2	2	2	3	1		4	15
1820			1	2		1		2	2	2			9
1821	4	1	1	1		1	3	1	3	1		1	16
1822	4	2			2	3	1			1	1	4	14
1823	3		2	1	3			1	4	2		2	16
1824	5	1		3	4			3		3		6	19
1825	2	1		4	2		2	2	3	3		3	19
1826	1	2	3	2	1	2		1	7	1		3	20
1827	1	1	1		1	1	2	2	2	1		2	12
1828	2	3		3	1		1	2	4	1	1	4	18
1829	1	3	1			1	1	2	1	1		3	11
1830	2	3	1	1	2	1	2		3			1	15
1831	1			2		2	1	3	3	1		4	13
1832	4		1	2	1	2	3		4	2	1	4	20
1833	1	2	4			2	2		3	1		1	15
1834	1	1	2		3		1	1	2	1	1		13
1835	2	1		2	5	2	4	2	3	2			23
1836	1		2	1		2	1	2	2	3		3	14
1837		1	1	1		1	1	1	2			1	8
1838	3	3	2	2	1		1	2	5	3	1	3	23
1839		3		1	1	2	1	3		1	1		13
123	94	31	53	59	55	64	64	95	52	10	108	705	

The population of this village, writes my venerable correspondent, has not varied for many years but little from 1100. In 46 years, there have been 705 deaths, which is of the population 1 of 71—that is, 15 3-10 average for each year. The greatest number any one year was 23; the least number, 6. The number of deaths of consumption was 108, or 1 of about $6\frac{1}{2}$ of the deaths.

One of the most interesting facts to be derived from the table is, that of 705 deaths that have occurred in this village for the 46 years recorded in the table, 157 of them occurred after the individual arrived at 70 years of age and upwards, or 1 of $4\frac{1}{2}$! and 1 in 11 arrived to 80 years and upwards. At the rate of mortality which this village has had for 46 years, it would take something more than 70 years for a number equal to the whole population to die.

I have been thus particular concerning the mortality of this ancient town, because it may be considered a fair sample of the country towns in New England, and because it has varied less in the number of its inhabitants for the last half century, than any other town with which I am acquainted. Rocky Hill, or this third parish, lies south of the village of Wethersfield, and stretches along on the banks of Connecticut river three or four miles; it has less low land, however, than the parish above it. It is less subject to fevers, and has a greater proportional number of consumptions.

A few words respecting the bills of mortality in England. The proportion of deaths to the population has generally been put down as 1 to 58 or 1 to 60. In the year 1838 a new law of registry went into operation in that kingdom, which presents results of greater accuracy than has hitherto been gained with respect to their ratio of mortality. Heretofore the whole has been a matter of *estimate*; now it is reduced to something like *statistics*.

From the report of the Registrar General, the following facts are obtained. He makes the population of England and Wales to be 15,324,720, in the year 1838; the deaths to be 338,660—which is 1 of $45\frac{1}{2}$ of the population. Mr. Farr, who has given great attention to this subject, comes to results not widely different for the year 1837. Deaths in England and Wales, according to his researches, are of males, 1 of 48; of females, 1 of 51; mean of the two sexes, 1 of 49—which may be considered the ratio of mortality for this portion of Great Britain.

He gives us a table dividing the metropolis (London) into *three groups of districts*. The *first*, he says, has 1 person to every 57 square yards, and has a mortality of 3.32 in every 100 persons annually. The *second* has 1 person to 78 square yards, and a mortality of 2.84 in every 100 (2.84 per cent.). The *third* has 1 person to 217 square yards, and a mortality of 2.16 to every 100 persons. The average of the whole will be very near 2.7 of 100, or 1 of 37 of the population. Mr. Farr remarks, what has seemed to follow from all our observations on this subject, that it may be laid down as a general principle, that whenever the proportion of deaths from phthisis, compared with the total deaths, is high, the absolute mortality is low."

Most of these facts were obtained from the Medical and Chirurgical

Review of October, 1839. So far as they go, they show that the health of England has been over-rated, and that it does not so much exceed the most civilized parts of the Continent of Europe, of equally healthy latitudes, as has been supposed.

In the American Journal of the Medical Sciences for 1828, there is a table of the proportion of deaths to the population of Philadelphia for 14 years, from 1807 to 1820 inclusive. The greatest fatality for any one year was in 1820, which was 1 of 38½. The least fatality in any one year, was 1 of 56½. The average for the 14 years, was 1 of 47.8. In 1825, the deaths in Philadelphia were 3539. Supposing the population then to be 150,000, the mortality would be 1 of 43 nearly.

Worcester, Feb. 14, 1840.

S. B. W.

SPINAL IRRITATION.

BY ISAAC G. BRAMAN, M.D., GEORGETOWN, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss —, aged 17, of leuco-phlegmatic temperament, consulted me in August, 1838, and made the following statement relative to herself. She had from childhood possessed a good constitution, and enjoyed excellent health up to the preceding April. At that time she commenced attending school, which was kept one mile from her father's house. Her usual practice was to rise early in the morning, and engage herself diligently in domestic avocations until it was time to make preparations for school, where she repaired and attended closely to her studies through the day; returning at night to resume the duties of the morning. When the hour for retirement came, instead of giving herself the necessary repose, she took her books and spent the greater portion of the night in hard study.

The consequences of such unremitting exertions were, as might easily be imagined, to break down entirely her health. She suffered first from acute pain in the head and side; then followed loss of appetite, indigestion, constipation of the bowels, cough, difficulty of breathing, menstrual irregularity, &c. &c. She now sought advice, and was subjected to treatment for three months, with, however, indifferent success. At the expiration of this time she came to this place to reside with a relative, and it was then I became acquainted with her.

Her countenance was pale, and the expression rather anxious; pulse 100, small and wiry; tongue clean, and somewhat of a paleish red; appetite poor, and indigestion complete, so that the least substance of a solid nature distressed her exceedingly. Constipation was urgent; nothing passed her bowels, for a week or more, without the use of the most powerful cathartics, such as gamboge and croton oil. A short, dry cough was present, with difficult respiration. There was most acute pains in the head and side, much aggravated by pressure upon the course of the spinal column. It appeared that there had been no amelioration of the symptoms by treatment.

Considering it to be a clear case of spinal irritation, I at once put her upon a course calculated to remove the disease, which I shall sum up in a few words: this consisted of *active* irritants, *freely* and *constantly* applied to the spine for a considerable space of time. She took internally, three times a day, from one third to a grain of nit. argent., and each night two pills composed of ext. cicut. and pil. hydrarg., of each four grains. The nit. argent. was laid aside after four weeks for carb. ferri and myrrh, with one or two grains of aloes. This plan, pursued perseveringly for two months, produced a sensible amendment, and in four from the time of my first seeing her she was able to resume domestic duties; there was, however, for a year or more, slight returns of her unpleasant symptoms upon any imprudence or extraordinary exertion. But at this date she is in the enjoyment of perfect health.

I have introduced the case of this young lady, not that there is anything remarkable or worthy of notice in its management, but simply to draw the attention of the profession more particularly to the disease in question—spinal irritation. This, I believe, is far more common than many of us are willing to admit. We sometimes, yea, frequently, observe symptoms of a very obscure and anomalous character, extremely difficult to account for and remedy effectually, but which are ultimately referred to spinal irritation, and entirely relieved by the usual plan of treatment in such affections. Such was the fact in regard to my patient. Her case was at first termed “anemia,” subsequently “an affection of the lungs,” &c. But neither of these conclusions was correct. Spinal irritation was the *prima causa et mobile* of all her troubles, and a *thorough, vigorous, persevering course* with direct reference to this matter, eventually resulted in her entire restoration to health.

March, 1840.

IMPROVED TRUSS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some remarks on the subject of hernia, which appeared in one of your recent Journals, suggest the propriety of calling attention more carefully to an excellent instrument for the relief of this complaint, which has recently been offered, and which is not an alteration merely of those in use, but is really an *improvement*. The truss is light, simple in its construction, is so arranged that the pressure may be increased as gradually and as much as is desired, may be altered according as the wearer may grow more or less corpulent, and being furnished with different pads, and a slide and wheel by which the direction of the pad may be changed, is capable of being easily adapted to the different kinds of rupture. The writer of this notice has no interest in the instrument further than the wish that so excellent a truss may be known to those who have occasion to wear one. Those of the readers of the Journal who noticed a description of *Fletcher's truss* in one of the recent numbers, will recognize that as the one alluded to—and those to whom this notice may introduce it, will find it a simple and an efficient instrument. It seems that Mr. Angier, of Medford, is the proprietor. P. R.

QUESTIONS FOR CORRESPONDENTS.

QUERY 1. What would be the effect on the cow inoculated with the venereal virus? Is there any probability that syphilis would become a temporary disease, instead of perpetual and fatal, as now if neglected? Suppose the change of character as regards time should occur in the cow, would vaccination of the human subject be a preventive of the human disease?

Query 2. Is the conduction of electricity from the body, by means of wet feet, the cause of colds, or conduction by any other means their cause, since they occur in invalids housed for weeks. In these does the fall of barometer indicate the approach or greater liability? Is it a fact that persons at sea are less liable to colds than those on land? If so, has this fact any connection with the conduction of electricity to earth being cut off by the waters of sea, which yield to the body more readily than solid earth? Do India rubbers prevent colds on this principle?

H.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 4, 1840.

INOCULATION OF A COW.

Nor many weeks ago, Dr. Horatio Adams, of Waltham, inoculated a cow with smallpox in several places. One pustule, only, was developed. At a proper period he took out the lymph and introduced it into the arms of applicants for vaccination. He assures us that the operation was entirely satisfactory and complete. He kindly favored us with a small quantity of the virus, but owing to some mishap, it was not made use of seasonably, and we are therefore unable to speak from personal experience on the subject. As some of our professional neighbors have expressed a desire to have Dr. Adams communicate the whole history of his experiments, it being a matter of immediate importance, we hope that he will gratify the public, at his earliest convenience, with a statement of the time, mode and other circumstances connected with the case.

Osteo-sarcoma.—In the Journal of last week, the reader must have noticed the history of an interesting and instructive case of osteo-sarcoma, by our friend and correspondent, Dr. Williams, of Deerfield. Having been present at both operations, which the unhappy sufferer, Mr. Hubbard, bore with heroic fortitude, we can bear testimony to the fidelity of Dr. Williams's narrative.

A principal object in requesting Dr. Williams to make the statement to which these observations refer, was for the purpose of ascertaining, by an examination of a number of cases, whether the success attending surgical operations for the removal of this formidable class of tumors, has really, on the whole, been essentially beneficial to the patients. The fact appears to be well established, in regard to the Deerfield case, that life was pro-

longed several years by excision of the diseased portion of bone. But has a permanent cure been frequently effected by a surgical operation? We invite correspondents to answer the question.

Dr. Gallup's Institutes of Medicine.—The Botanico-Medical Recorder has very well praised the last work of Dr. Gallup; and with a view, too, it seems, to influence the fraternity of steamers, throughout the length and breadth of the land, to adopt it as a text-book. This is an act that looks like intelligence, and the manifestation of a disposition to abandon the old popular doctrine, so long upheld by the craft, that book-learning was unnecessary. If a few sterling authors are read understandingly by the advocates for cayenne practice, the miserable system of which they prate so much would wholly pass into oblivion. If Thomsonians are ever rooted out of society, it will probably be accomplished by presenting them the means by which they may discover their own ignorance.

Medical Society of the State of New York.—At the annual meeting of the Medical Society of the State of New York, held at the capitol in the city of Albany, on the 4th, 5th and 6th ult., the following gentlemen were elected officers for the ensuing year. The names of Censors, &c., we omit. Dr. Sumner Ely, of Otsego, *President*; Dr. John B. Beck, of New York, *Vice President*; Dr. Peter Van Olinda, *Secretary*; Dr. Platt Williams, *Treasurer*.

Honorary Members.—Dr. Placido Portal, Palermo, Italy. Dr. George B. Wood, Pennsylvania.

Committee on Prize Questions and Dissertations.—Drs. James McNaughton, T. Romeyn Beck, Jonathan Eights, Robert G. Frary, Ely Pierce.

Committee of Publication.—Drs. T. Romeyn Beck, Joel A. Wing, James McNaughton.

The following were adopted as prize questions, and the sum of fifty dollars voted to the successful candidate on each question:

1. The Medical Literature of Cholera Morbus; previous to the appearance of the Epidemic Cholera. [It is expected that the medical history of cholera morbus in this country will be particularly examined.]

2. An Analysis of the Discoveries concerning the physiology of the Nervous System, from the publications of Sir Charles Bell, to the present time, both inclusive. [The report of Dr. Wm. Charles Henry (in the 2d volume of report of the British Association of Science) made on this subject in 1833, may be freely used, but it is required to continue the analysis down to the present time.]

The dissertations must be forwarded to the Secretary, on or before the 1st day of January, 1841.

Information has been received by the Society that the following Delegates have been appointed to the National Medical Convention, proposed to be held at Philadelphia, on the first Tuesday in May, 1840.

From the University of Pennsylvania—Dr. Nathaniel Chapman.

From the Medical Society of the State of New York—Dr. John McCall, of Utica; Dr. Thomas Spencer, of Geneva; and Dr. Joel A. Wing, of Albany.

From the Western Medical College, Fairfield, N. Y.—Dr. T. Romeyn Beck, and in case of his absence, Dr. James McNaughton.

From the State Medical Convention of Ohio—Dr. Awl, and two other delegates, names not ascertained.

It is also understood that the *Medical Society of the State of New Hampshire*, has appointed delegates.

A premium of fifty dollars was awarded, at the late meeting, to Nathan S. Davis, M.D., of Binghamton, Broome county, N. Y., for his dissertation on Diseases of the Spinal Column, their causes, history, diagnosis, and best method of treatment.

Tumor of the Clitoris.—This case is perhaps only interesting, in as far as it shows how the native females of India are subject to diseases of the clitoris, and how favorable their constitution is to the rapid healing of wounds.

On the 22d of April last, a Mahomedan woman, aged about 22 years, residing in Patna, presented herself at the Dispensary with a tumor attached to the glans clitoris, from which she had been suffering great physical inconvenience and mental distress for the last three years. During the last twelve months it had grown so rapidly, and assumed such an inconvenient size (resembling a large orange) as to occasion by the pressure of its weight over the orifice of the urethra much difficulty in voiding urine, so that she was obliged to lift it up with her hands at the time of making water. She had consulted all the native *Junnahs* or *Hakims* of Patna, and used their remedies without deriving any benefit whatever. On the 23d of April, agreeably to her husband's request and by the directions and advice of Dr. Davis (my immediate superior), who has seen the case several times, I removed the tumor, and the operation was followed by much hæmorrhage from a small arterial branch which was instantly secured by a ligature; the wound was subsequently dressed in the usual manner, and healed up in a few days by the first intention, and the patient was discharged from the list of in-door patients of the Dispensary ten days after the date of the operation.—RAUMESHUR AWUSTHEE, in *India Med. Journal*.

Dislocation of Humerus into Axilla—Reduction after three weeks.—A woman, aged about 50, was admitted into St. Bartholomew's Hospital with dislocation of the humerus into the axilla. It was a well-marked case, there being elongation of the arm, a hollow under the acromion, flattening of the shoulder, elbow protruded from the side, and the round head of the bone could be felt in the axilla. These signs may all exist in fracture of the acromion, or of the neck of the scapula, but then the arm is easily replaced, and crepitus produced, the arm again falling when our support is removed. It is said this dislocation has been mistaken for fracture of the neck of the humerus; but here, instead of elongation, we have shortening of the limb, and in place of the round head of the bone, we feel the sharp, rough, or irregular end of the shaft in the axilla.

Several unsuccessful attempts at reduction having been made in the country, the woman was brought to London, and was led into the operating theatre on Saturday, just three weeks after the accident occurred. She was first placed in a semi-recumbent posture, a towel was fastened round the wrist, and a cord appended to this was passed through a pulley fixed just above her head. Thus the arm was pulled directly upwards: with the exception of great suffering, no effect was produced—indeed the

attempt appeared a very ill-directed one, for though, by this position of the arm, the deltoid and some of the capsular muscles are relaxed, yet little effective means being adopted to fix the scapula, as the cord was tightened, so was the patient raised, and the weight of her body became the principal counter-extending force. After persevering thus, for some time, the plan was altered; a large pad was placed in the axilla as a fulcrum, and the pulleys so fixed that the arm was pulled in a line parallel with the body. The bone returned almost immediately with a snap. This is a mere modification of Sir Astley Cooper's plan of the heel in the axilla, which is far the most effective in the generality of cases.—*London Lancet*.

Medical Miscellany.—Dr. Warrington's Nurse's Guide is having a profitable circulation.—The brig *Acadian*, on her arrival at Halifax, from Boston, was ordered into quarantine in consequence of having the smallpox on board.—Mr. Combe is about returning to Scotland, having just completed a course of lectures at Albany.—Smallpox still exists at New Bedford, and has, it is said, crept on board some of the whale ships.—Mr. Vanlining died at Newton, Ohio, at the great age of 102, a few weeks since.—Dr. Durfee, of Philadelphia, lately extracted a large darning needle from the thigh of a child fifteen months old. He made an incision through the fascia, where it was firmly imbedded. How came it there?—A law has been enacted in Rhode Island, requiring all the towns in the State to provide for the vaccination of the inhabitants once in five years.—A special meeting of the Counsellors of the Massachusetts Medical Society was held on Friday last in Boston.—Dr. Shattuck's translation of M. Louis on Yellow Fever, meets with the decided approbation of the medical periodicals in this country.—Dr. Griscom's little book on physiology, &c., belongs to the series of the Family Library, and therefore stands a chance of being brought into notice.—Dr. Toothaker's tooth instrument is constantly gaining friends. The dentists are certainly competent judges.—The students belonging to the medical class of the University of Pennsylvania, who have attended Dr. Gerhard's lectures on clinical medicine, at the Philadelphia Hospital, during the last winter, have passed a series of resolutions expressive of their obligations to Dr. G. for the zeal and ability he has manifested in imparting instruction in clinical medicine and pathological anatomy.—The article on club-feet, in the *New York Medical Journal*, to which we alluded last week, is by W. T. Detmold, M.D., of New York, and is an elaborate and very valuable treatise on the subject, being illustrated by cases and lithographic plates. The author has treated 167 cases within two years.

MARRIED,—At Lincoln, Mass., Dr. William Gallup, of Concord, to Miss Eliza H. Stone, of L.—In Van Buren, N. Y., Dr. Adonijah White to Miss Lucia H. Dow.

DIED,—In New York, H. B. Gram, M.D., 53.—At Broadalbin, N. Y., Dr. Amos C. Churchill, 35.

Number of deaths in Boston for the week ending February 29, 34. Males, 19—females, 15—stillborn, 1. Of consumption, 4—smallpox, 5—dropsy on the brain, 2—convulsions, 2—infantile, 3—lung fever, 3—scarlet fever, 3—hooping cough, 2—stoppage in the bowels, 1—teething, 1—drowned, 1—bronchitis, 1—child-bed, 1—apoplexy, 1—bowel complaint, 1—croup, 1—debility, 1—asthma, 1.

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.
Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.
General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by GILMAN KIMBALL, M.D.
Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.
Pathological Anatomy, by ROBERT WATTS, JR., M.D.
Demonstrator of Anatomy, SAMUEL W. THAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

Woodstock, Vt., Jan. 3, 1840.

By order of the Board of Trustees,
J. 8.—eptm15 N. WILLIAMS, Secretary.

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tr

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	-	-	-	-	-	-	DR. SMITH.
Surgery, by	-	-	-	-	-	-	DR. STEDMAN.
Theory and Practice of Medicine, by	-	-	-	-	-	-	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	}	-	-	-	-	-	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		-	-	-	-	-	
Materia Medica and Chemistry, by	-	-	-	-	-	-	DR. WILEY.
Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.	M. S. PERRY,	C. H. STEDMAN,	H. G. WILEY,				
Jan. 29—eptmceptf	H. I. BOWDITCH,	J. V. C. SMITH.					

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 131 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII.

WEDNESDAY, MARCH 11, 1840.

No. 5.

REMARKS ON THE USE OF THE HAY-HOOK, ILLUSTRATED WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When on my way to the White Mountains, in the summer of 1837, I spent a day or two at the Shakers' Village in Canterbury, N. H. This is unquestionably one of the most delightful locations in New England; and although the mechanic arts are cultivated here to some extent, the general aspect of the place is decidedly agricultural. Such a succession of widely extended and highly cultivated fields, with corresponding herds of domestic animals, I had never before seen. Every operation in this branch of industry, seemed to move on with the regularity of clock work. Here was also exhibited a fine display of agricultural improvements, in successful operation; but as I abhor *long preambles*, I will give but a single specimen. I found the brethren not only raking, but pitching, their hay by horse-power. Their carts were constructed in such a manner as to facilitate the operation of pitching, and, at the same time, to save a great part of the labor of raking after. While standing in one of their long barns, with watch in hand, and curiosity on tiptoe, to witness a specimen of the horse-fork pitching, a ton of hay was taken from a cart at five forkfuls, and snugly deposited on the top of a high mow, in the short space of six minutes. What was left in the cart would not have furnished a baiting for the horse that performed the labor. This seemed to be a mere common business transaction: I was unable to discover, in their movements, the least appearance of striving against time. One of the brethren coolly remarked, that *the hay was rather too short to pitch well*. Three other loads came in, by different teams, while I remained in the barn, and were disposed of in the same summary manner.

I find in my journal, kept at the time, the following scrap relating to this mode of pitching. "Everything being prepared, the horse at work in the yard, and the fork concealed in the hay, all at once, as if by magic, magnetic attraction, or some other hidden power, the whole top of the load begins to rise; then, as the executioner, at the critical moment, steps from the settling platform, that he may not be pitched down, so also the man on the cart steps from the rising hay, that he may not be pitched up. This operation, taken as a whole, seemed more like Sampson pulling up the posts, and marching off with the gates of Gaza, bar and all, than anything I had yet seen. It was not only worth seeing, but it was worth going to see."

It is to be regretted that, notwithstanding the various and successful efforts of yankee ingenuity to diminish the labor of making, moving, weighing, and feeding out hay, many a thrifty farmer still retains and uses that miserable substitute for a pitchfork, the old-fashioned hay-hook. This is a vile instrument of the harpoon kind; better adapted to dragging sharks "from the vasty deep," or Seminoles from a Florida bog, than to feeding horses and cattle. The process of pulling hay with this instrument is slow and laborious; and to a shivering boy, on a cold morning, there is nothing particularly interesting in it; consequently, the horse that receives his rations in this manner, is too often put on short allowance—or, in diplomatic phrase, *his expectations are not always realized*.

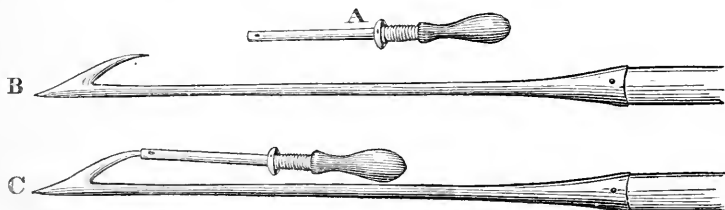
But there are other, and more weighty reasons for abandoning the use of the hay-hook altogether. It is not merely a useless, but is absolutely a dangerous implement—not dangerous in its use, but in being about the premises. It occasionally inflicts wounds of the most formidable character; and I can truly say, they are not of very rare occurrence. In a country practice, not very extensive, quite a number of such cases have fallen under my notice; and I am constrained to add, that too many of them have terminated in death. I believe that wounds from the hay-hook are most frequently made, while the individual is in the act of sliding or jumping from an elevation to a body of loose hay lying below him. The instrument standing point upward, and concealed by the hay, is apt to enter the abdomen through the pelvis. At any rate, it has happened so in almost every bad case that I have seen. When the hook is carefully set away, with the point down, it is more secure; the barb only stands ready to perforate a foot, or touch an ankle-joint, as the case may be. But these are minor injuries when compared with such as we are about to describe.

I am fully aware that the reports of many cases, important in themselves, lose much of their interest when drawn out into minute details; and taking for granted that no one cares to be informed whether the patient took a spoonful of laudanum at night, or a bowlful of gruel in the morning, I shall abstain from the discussion of any such matters; and in my descriptions shall only be solicitous to make myself clearly and distinctly understood.

CASE I.—During my residence in Concord, N. H., an elderly man, in sliding from the upper to a lower part of a scaffold, received a wound from a hay-hook, standing with the point upward, and leaning against the hay below. It entered the pelvis near the rectum. By passing a finger through the sphincter, we were able to ascertain the position of the hook; the barb could be felt through the rectum, but the intestine had not been perforated. We next dilated the wound already made, and were able, by introducing a finger by the side of the rod, to feel the naked point of the barb. This was about two inches from the external wound. We then concluded to attempt the extraction.

A common round trocar was procured; the canula slipped forward half an inch beyond the point of the stilet, and wedged on by drawing a thread through the canula; the vacant space below the handle was

closely wound with waxed thread—making an open-mouthed silver tube, strongly attached to a handle. Having again placed a finger on the point of the barb, and ascertained, by a steel director, that there was nothing included between the barb and the rod, the canula was carried forward on the finger, and made to receive and cover the end of the barb. This was with some difficulty effected, while the trocar was lying obliquely across the rod, with the handle on the opposite side. The trocar was afterwards raised by force to a proper position, and held in its place, with its handle in contact with the rod of the hook; the finger remaining in the wound to guard the junction of the tube and barb, both instruments were extracted together.



A, the trocar prepared. B, the hay-hook. C, the trocar applied, as in Case 1st.

The patient was a feeble subject and had a lingering confinement, but ultimately recovered. I have never since had occasion to use the trocar in this manner, and know not that the practice has been adopted by others. It must always require a combination of circumstances to render it practicable. I can only say it succeeded for once.

CASE II.*—In the evening of the 2d of February last, I was called in consultation with Dr. Kittredge, of Tewksbury, to a young man in that place, 15 years of age, who had received an injury from a hay-hook. This happened very much in the usual manner, by a slide from a mow of hay about seven or eight feet high. There was, however, one peculiarity in the manner; the hook had been used at some former period, and left hanging by the barb near the top of the mow. The young man felt the point of the hook at the moment he commenced his descent; and exerted himself to the extent of his power to stop his progress by holding back with his hands. He did not succeed; he went down to the floor, with the hay-hook under him. It entered on the left side of the perineum, passed obliquely under the pubes, and made a small puncture in the skin, at a point two inches below the umbilicus, and one inch from the linea alba, on the right side. It was an iron hook, two inches across at the point of the barb, rather long in proportion to its width, with a wooden handle attached to it by a socket.

I saw him two hours after the accident. We first proceeded in our preparations to cut off the rod below the socket. Having procured a blacksmith's vice of the largest size, and attached it to the floor and the bedstead in a substantial manner, we brought the patient to a situa-

* My interest in this case was not a little increased from the circumstance that the subject of it had been once an inmate of our family, and was nephew to my lamented friend and partner, the late Dr. Brown.

ble elevation, lying on his back, with the lower limbs bent and supported, placed the rod in the vice and gave the screw a strong turn. Then by the application of a cabinet-maker's fine saw, running in oil, the rod was separated between the socket and vice. The sawing was carefully performed by Dr. Hill, who favored us with his assistance on the occasion. We had then an iron rod, three fourths of an inch in diameter, at the end, projecting from the perineum about six or seven inches. Thus far no distressing shock had been given to the patient by our movements, though he had been exceedingly restless from the time of the accident.

What remained to be done was quickly accomplished. An incision was made, an inch and a half long, beginning at the puncture in the abdomen, and carried down to the iron; the skin on the sides of this incision was supported and made tense by the hands of an assistant; the rod was then grasped, carried steadily forward and upward, and drawn out at the opening in the abdomen. The force required in making this thrust was about equal to that applied to the gorget in lithotomy; the manifestations of suffering were also very similar, both in degree and duration.

Nothing worthy of notice subsequently occurred, either in symptoms or treatment. In about three weeks he was dressed and walking about the house. If, in the foregoing case, we had had no guide to the point of the hook, I should have attempted extraction by means of the trocar, and, as I believe, with some prospect of success. But as it was, the method adopted was undoubtedly preferable.

CASE III.—This is out of its order in point of time: it was the first of its kind that I had ever seen; the time, place and circumstances, made an impression on my mind both deep and lasting. In the early days of my practice, when calls were few and far between, I was called to a man who had, two days before, fallen on the point of a hay-hook. It entered near the os coccygis, and made a deep plunge into the abdomen. This was a consultation with Dr. P——. The doctor had seen some service; was neither young nor timid; he was said to be a man of quick judgment and great skill, especially in the fore part of the day. He was, moreover, a lucky man, and had jostled into the right place; his praises were shouted in every cabin. On my arrival, the patient *spake not*: his wife expressed her satisfaction with everything that had been done, but sagely added, *in the multitude of counsel there is safety*. The doctor had made repeated attempts to remove the hook by pulling at the handle; at the same time applying his foot to the patient, by way of counter-extension. He said it was all of no use, he could draw it down a part of the way, but it would always hang at the same place. I was in at the death, but was spared the shudder of witnessing the practice. Post-mortem examination objected to, of course.

When I assert that the hay-hook is a dangerous instrument, because it sometimes inflicts dangerous wounds, I am aware that the same may be said of many other working tools. For example, the scythe: this also produces its surgical cases; but, be it remembered, the scythe is confessedly a dangerous implement, and is therefore generally handled with care. Not so with the hay-hook; this takes rank with the shovel

and hoe ; its place is anywhere, and is generally found where last used. If, after using, the hay-hook had always been plunged into the ground, with the same care that the scythe is suspended on the tree, it might have prevented some of those appalling accidents, over which the resources of surgery have but a limited control, and which never fail to communicate to the by-stander an indescribable thrill of horror.

Billerica, March, 1840.

Respectfully and truly yours,
Z. HOWE.

MEDICAL REMINISCENCES.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

I MENTIONED, in my first communication, that the dysentery prevailed extensively in the village of my former residence, in the summer of 1825. The introduction and spread of this disease was so remarkable that I have thought it may be interesting to some of your readers.

On the 10th day of July, 1825, a young mechanic from New York, sick with the dysentery, came in the steamboat, and landed in Wethersfield at the house of his mother. I happened to be present when he arrived, and gave him some remedies and prescribed a strict regimen for him. The next day he was better, and on my third or fourth visit I found him "out gunning." The disease was very mild, hardly attended by fever, and his recovery was so complete that he returned to his employment in a very few days.

The season was remarkably dry, the ground much parched, and the weather very warm. The neighborhood in which the young man's mother lived, was on an eminence, about 70 feet above the surrounding plain, and about 100 above the bed of the river. It consisted of 14 houses, all within the distance of 100 rods. So dry was the season, that the wells of the neighborhood afforded no water, and all the families were supplied from the wells at the base of the hill, a quarter of a mile distant. The Connecticut river was about a mile from this little village. Between the two was a low marsh of many hundred acres, covered with rank water vegetation, which was now exposed in an unusual degree by the subsidence of the water, and presented a mass of vegetable putrefaction. The whole town at this time was unusually healthy.

About ten days after the arrival of the sick young man, two young ladies residing in the immediate vicinity of the residence of the young man's mother, were attacked violently with the dysentery in one night. In a day or two a third was attacked, and also the mother and sister of the young man. The three young ladies had not seen the patient, excepting as he walked abroad after his recovery. The mother and sister had done for him the little nursing that he needed. The mother was a timid woman, and was afraid of "catching it;" no one else felt the least apprehension. From this time it spread rapidly. From 1 to 8 persons were attacked daily, till every house on the hill was a hospital. *Forty-one* cases occurred in the 14 houses, in such rapid succession, that not one of the number could be considered convalescent till

the whole were prostrate with the disease. Some of the cases were extremely severe, and some considerably protracted. All ultimately recovered, but an aged lady whom I did not see.

A poor, feeble woman, afflicted with asthma, resident in the infected district, fearing that she might be attacked, moved to the house of a friend in a distant part of the town. She was, however, taken sick on the very night of her arrival, and had a severe attack of the disease. Within 24 hours of this time, a case appeared in the immediate neighborhood, and from the time that this woman sickened, the disease spread into six or seven houses. In ten days sixteen persons were prostrate with it. The cases were similar, many of them very severe, and one proved fatal.

At the same time a young woman who resided in the family of the only physician in the town, excepting myself, went on to the "hill" to take care of her mother, who was at the time sick of the dysentery. In 48 hours she returned sick of the disease, and almost immediately members of the family sickened, till, one after another, eight persons were down with it, and some of them very sick.

In about 25 days this number of cases had occurred—in all 65; and with the exception of these two infected neighborhoods, and this family, which was distant from both, the town continued healthy. During the month of August the disease extended throughout the village; and when it appeared in a family, generally two or three or more members of it would be attacked in such rapid succession as to preclude the possibility of infection. From this time it spread rapidly, till some time in September, when it ceased altogether.

In the period of about eight weeks, there were *one hundred and forty-seven* cases of severe disease, attended by a fever of considerable violence, and an unusual degree of local suffering in the form of *tormina* and *tenesmus*. Four cases, only, proved fatal. One an aged female, who did not see a physician; one an aged female, who was worn out with protracted local symptoms; one was a person suffering under *marasmus*; the fourth is not recollected, and was omitted in my minutes taken at the time.

It may not be improper to remark that between the "hill" and the river, on the plain below, was a street of a dozen houses, which entirely escaped the disease.

The following history of malaria, which occurred under my own observation, is subjoined.

In the month of September, 1828, an unusual "freshet" took place in the Connecticut river, covering the highest land of the "meadow" with its flood of waters, and inundating thousands of acres of land covered with rich and luxuriant vegetation. Many hundreds of acres of corn, potatoes, and other vegetables, nearly fitted for the harvest, were destroyed by it, and lost to the husbandman. After the waters subsided, an abundant coat of "slime" covered the surface of the land on which the flood had rested. All vegetable substances perished, and went rapidly to putrefaction. The weather following the "freshet" was remarkably mild and warm, which favored the rapid decomposition of

the immense mass of vegetable matter which was accumulated on the surface of the earth. In a very few days after the subsidence of the waters, the whole country, for miles in extent, was black with putrefaction, and exhaled such a disagreeable odor that it was exceedingly unpleasant to pass through the fields.

The wind prevailing for many days in succession from the south west, was favorable for the village of Wethersfield, which lay stretching along the borders of the low land on the west side, several miles in extent. On the *eastern* side of the river, from half a mile to a mile distant, is the extensive and populous street of the town of Glastenbury. In all its range the odor of this "malaria" was rank and disagreeable. Soon fever began to prevail, of the character of the common autumnal disease of this region. In the course of a few weeks more than *forty* distinctly marked cases of this fever occurred in this devoted street. A village of 20 houses, immediately on the bank of the river, almost entirely escaped infection. Not a single case appeared on the west side of the river, as far as recollected. The street above mentioned, where the disease prevailed, is dry and sandy, and usually healthy. S. B. W.

Worcester, Feb. 15th, 1840.

MORTALITY IN QUINCY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The statement of W. A. Alcott, in a late number of your Journal, respecting the mortality of New England, has justly caused some excitement among the physicians of this section of our county to find out the truth. In order to aid their cause, I send you the following statistics of Quincy, for the last thirty-nine years. The stillborn, which do not average above two a year in this town, are not included. The records of the deaths for the last five or six years have been kept by myself. The number of deaths for the remaining years is taken from the town records. In order to ascertain the population of each year, I have divided the increase of every ten years equally among those years.

Years.	Deaths.	Pro. to pop.	Years.	Deaths.	Pro. to pop.
1800	18	1 in 60	1814	32	1 in 42
1801	23	48	1815	20	74
1802	27	42	1816	25	60½
1803	40	29	1817	25	61¾
1804	15	79	1818	24	65½
1805	25	48	1819	22	73
1806	22	56	1820	22	74
1807	22	57	1821	29	58
1808	19	67½	1822	30	46
1809	18	72½	1823	28	64
1810	26	51	1824	14	132
1811	13	105	1825	38	50
1812	22	63	1826	44	44½
1813	20	71	1827	22	92

Years.	Deaths.	Pro. to pop.	Years.	Deaths.	Pro. to pop.
1828	28	1 in 74 $\frac{1}{4}$	1834	33	1 in 80
1829	47	45 $\frac{1}{2}$	1835	26	105
1830	23	95 $\frac{1}{3}$	1836	30	94 $\frac{1}{2}$
1831	23	100	1837	40	76
1832	43	56	1838	50	61
1833	37	68	1839	52	62

For the first 20 years of the above period, the average number of deaths was 23, and the average proportion 1 in every 61 3-10 of the inhabitants. In the 10 years from 1820 to 1830, the average 31; and the average proportion 1 in 68. For the last 9 years, the average number of deaths has been 38; and the average proportion 1 in about 69 of the inhabitants.

It may be well to mention that our extensive sea coast, and numerous quarries, cause every year many accidental deaths, which do not occur in interior towns.

E. WOODWARD.

Quincy, Mass., Feb. 26, 1840.

ANOMALOUS SOUNDS IN THE EAR—SUCCESSFUL TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The most remarkable cases which come under the notice of the physician, are not always the most instructive. The case I am about to state, although it may be common enough, is yet instructive as showing the highly stimulating effects of the remedy, under certain circumstances, which was employed. Unquestionably these effects were owing to the *creosote* existing in the article made use of, which was *pyroligneous acid impura*. Every observation on the effects of newly discovered therapeutic agents, tends to throw increasing light on their nature and uses. New medicines, like new dogs, have their day. They are trumped up as having in some one's practice cured most of "the ill's flesh is heir to." But on the whole, from their very general, I had almost said indiscriminate use, they ultimately arrive at their proper place in the Pharmacopœia and in the estimation of the prescriber. But there is danger of making some one medicine a hobby, and more especially if that be a new medicine. Even an Abernethy could manufacture that useful article, a hobby horse, from no larger a material than a five-grain blue pill.

—— consulted the writer under the following circumstances. Headache of the most intense and excruciating character; violent inflammation of the right eye, which looked more like a mass of raw beef than anything else, and covered with large granulations; has slept none for nearly a week; described herself as being almost crazy with protracted pain and vigilance. Prescribed a lotion of nit. arg., pretty strong, and directed its application thrice *per diem*, and to be diluted, if pain and smarting, caused by its application, should continue longer than an hour. As the secretions were universally deranged, gave mercurial aperients and regulated the diet. Under this treatment a very

speedy amendment followed, granulations disappeared, inflammation subsided, and the general health was very much improved. Vision, which the poor woman never expected to recover, while she begged only for relief from pain, gradually, though slowly, returned, and is now complete.

Some considerable time previous to her coming under my care, this patient began to experience, in the right ear, a reduplication of sounds, which lasted about six weeks. Then followed an incessant noise, like that of threshing grain on a barn floor. This gave place to a sound resembling the rushing of the wind through a grove. This was succeeded by the sound of a saw-mill, which gave place to a sound like the constant ringing of a bell; all in the right ear. It will appear, I think, that these were closely connected with the subsequent attack of the eye. She consulted a physician for these abnormal sounds, and was directed an emetic, as he referred her disorder to derangement of the digestive organs. Purgatives; venesection, which was recommended by another medical gentleman, and various remedies, were resorted to in vain, and at last, when the irritation had assumed the violent character of inflammation of the conjunctiva, and had continued nearly a week, she, as previously related, came under my care. On the eye getting well, the noise in the ear returned, and the patient again requested medical aid. With this continual irritation I was wearied, and determined to stimulate, by direct application, the tissue of the internal ear. Directed her to let fall two drops of pyro. acid into the ear, and after retaining it there for five minutes, wash it out with warm ol. amygd.

The application proved successful, but produced no small alarm on the part of the patient and her friends. The acid had not been dropped into the ear more than two minutes, when she was suddenly attacked with the most intense pain, which continued, and even increased to such a degree that she felt, as she expressed it, "as if she would certainly go crazy;" and finally, delirium of considerable violence supervened, but gradually abated as the pain subsided. Next morning, for the application was directed to be made in the evening, she became somewhat easier, and the pain gradually left, while the abnormal sounds have entirely ceased.

H.

H——, N. H., March, 1840.

EPIDEMIC TENDENCIES OF DIFFERENT SEASONS.

[THE following remarks on the varying effects, upon disease, of the different constitutions of the atmosphere, are from one of Dr. Gerhard's clinical lectures at the Philadelphia Hospital.]

In connection with this subject, it may be useful to make a few remarks in relation to the epidemic tendencies of different seasons, and the modifications thereby impressed upon the characters of prevailing diseases. It is in the winter that we most frequently meet with typhus and typhoid fevers, either in a sporadic or epidemic form. But during the present season, we have not had a single case of the former, and but one of the latter. Such variations from the usual course of things

are witnessed every year, and in relation to every form of disease. They are undoubtedly owing to some inappreciable modifications in the constitution of the atmosphere, which are dependent upon causes which it is impossible to ascertain. However this may be, the constantly varying characters of disease thus produced, demand the closest attention from the physician; for every such variation requires a corresponding modification of treatment: so that the same disease in different years, may call for the most opposite remedies for its cure. This subject received much more attention among some of the older writers, than it does at the present day. Sydenham, particularly, noticed the varying aspect of the epidemics which prevailed in London during his time; and he remarks that a physician should pay attention to the phenomena of the first few cases of every epidemic, and the effect of remedies upon them. From a few observations of this kind, he will be taught how to conduct himself through the whole course of the epidemic; for at each re-appearance of such a disease, it bears a certain physiognomy or general character, which attaches itself to nearly every case. Thus, there is sometimes an inflammatory, sometimes a typhoid tendency, and so on. This is true, not only of those diseases which are met with everywhere, but equally of those which are peculiar to certain localities or climates. These have certain general characters derived from the circumstances under which they occur, but constant as they are, they are subject to frequent modifications from the epidemic influences which may happen to prevail. This fact is familiar to every physician who has had much experience in the miasmatic districts of the South. It is also illustrated by the history of the yellow fever of the West Indies. For many years this disease annually prevailed in the island of Martinique, and in a most destructive form. It then disappeared altogether for a considerable period; and when it again broke out, it was found to be greatly changed in its aspect. Instead of being uniformly fatal, it was so mild that less than five per cent. of the cases which were treated at the commencement, terminated unfavorably. It likewise attacked the old inhabitants, as well as strangers; whereas, in former years, it had been confined exclusively to those who were not acclimated. A corresponding change became necessary in the treatment of the fever. It is owing to annual changes of this sort, that remedies which are at one time looked upon as specifics for the cure of epidemic affections, at another time lose all their value, and unless the physician is prepared beforehand for such anomalies, he will often be disappointed and confounded, by the failure of plans of treatment which he had before believed to be infallible.

The remarks which I have made apply not only to those diseases which ordinarily prevail as epidemics, but to the most simple sporadic diseases. I have, during the present season, called your attention to this fact time after time, in speaking of pneumonia. This is one of the most strongly characterized of all affections—so much so that it is often assumed as the type or standard of inflammatory diseases. Yet it is subject to perpetual variations in its character, as often as the season of its prevalence returns. This winter, as you know, it has been chiefly

of an asthenic type, and in many cases it has even required a more or less stimulating treatment. In other years it is of the most violent inflammatory character, and demands the most vigorous depletion, and contra-stimulants. In the winter of 1834-5, when I was resident physician in the Pennsylvania Hospital, nearly all the cases of pneumonia were of the latter kind, and bleeding and tartarized antimony were as frequently employed as senega and other stimulating expectorants are at present.

The principle which I have endeavored to impress upon your minds, derives a further illustration from an epidemic which is at present quite prevalent in some districts of this city—I mean scarlatina. A great number of cases have occurred, but they are of a very trifling character, and require almost no treatment. I have met with no fatal cases of it, and it is probable that in cases which are treated from the beginning with remedies which do not interfere too much with the natural course of the disease, there is little danger. In general, nothing more has seemed to be required than to watch the course of the disease, assist the natural tendencies, and prevent the interference of injurious circumstances.

I have been induced to make the foregoing remarks by a conviction of the immense practical importance of the principle which they inculcate. My experience in this matter has been extensive, and I am fully persuaded of the truth of the maxim of Sydenham—that an attentive observation of the peculiarities of the first few cases of each epidemic, will furnish the physician with a key to all the rest.—*Med. Examiner.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1840.

MEMORANDA FOR PRACTITIONERS OF MIDWIFERY.

MR. L. W. RANSOM, of New York, has sent forth a re-publication of Rigby's Memoranda for Practitioners, corrected and enlarged by S. C. Foster, M.D. It is a neat and convenient little thing, and its very size, in connection with its intrinsic merits, is sufficient to recommend it to the particular notice of practising physicians. In the first place, there are but sixty-two pages of it in all, in a 32mo form, and yet it treats distinctly and appropriately of the changes which the uterus presents during pregnancy; the signs of pregnancy; extra-uterine pregnancy; premature expulsion of the fœtus; natural labor, after treatment; natural presentations; dystocia, or difficult labor; turning; on the forceps; perforation; artificial premature labor; signs of the child's death; placenta prævia; prolapsus of the umbilical cord; convulsions, &c. &c. Mr. Ticknor, at the corner of School and Washington streets, has a few copies for the physicians of the north.

Perkins Institution for the Blind.—A very satisfactory report has just been given to the public by the managers of this excellent institution.

Since the occupancy of the new building at South Boston, the whole internal arrangement and economy of the establishment has been changed for the better. The grounds, the beautiful elevation of the principal edifice, and the quiet location, must convince every one of the superior advantages of the new, over the old residence in Pearl street. Health as well as personal individual comfort is now secured in a manner the most gratifying to the benevolent. Strangers, who visit this metropolis, should not forget to examine the Institution for the Blind, it being one of the prominent charities of New England, and on a scale of magnitude to excite the surprise and admiration of all persons.

Dr. Lewis's Medical School.—It is understood that the gentleman whose name is prefixed to this article, has withdrawn from the private school with which he has been connected for several years, and commenced *de novo*, on his own account, to receive pupils. It is uncertain whether the gentlemen who labored in company with Dr. Lewis will continue the course of instruction or not. As soon as the point is ascertained, on account of those who have an interest in the course of medical tuition given by them, we shall make mention of the circumstance. In the mean time Dr. Lewis, with his tact, his library, and his obliging and courteous deportment towards students, cannot fail to be surrounded by as many pupils as he can conveniently accommodate.

New York Dispensary.—One of the trustees has kindly sent us the last report. The great multitude of 13,557 persons were supplied with medicines and attended by the physicians of that mammoth dispensary the last year. The institution has been in operation half a century. Whole expense for twelve months, including \$1894 16 for salaries of physicians, &c., \$3294 51. During that period, the income, principally from donations, was \$3294 51—but unfortunately, \$600 of this sum was *borrowed*. The dispensary, therefore, notwithstanding the great amount of good it is doing in the community, is suffered to drag through the embarrassments and inconvenience of a debt.

Insane Hospital, Worcester, Mass.—Dr. Woodward, under whose vigilant superintendence the Massachusetts Hospital for the Insane has acquired great celebrity, both at home and abroad, has been elected Superintendent of the Connecticut Retreat for the Insane, at Hartford; and from all we can gather, the presumption is that he will accept the offer. Of this, however, we shall hereafter have occasion to speak again. The question begins to be agitated—who shall be selected to fill the vacancy at Worcester, in case Dr. W. should leave? We have selected the man—but as it might be considered forestalling public opinion, and even surprise the gentleman on whom we have fixed, to announce his name, we forbear, desirable as it is, at this juncture, to remind the trustees of the existence of such a person.

Medical Almanac.—From editorial notices in several journals with which we exchange, besides private notices to the same effect, we learn with exceeding regret that copies of the Medical Almanac, for 1840, have

not been received. They were despatched to all the medical editorial corps more than a week before offered for sale in December last, and yet we have the mortification to learn that but a few ever reached the places to which they were directed. Those, particularly, for all the medical journals in Philadelphia, went in one package, in the care of a young lady, who kindly consented to take them in her trunk; yet Dr. Dunglison has not received one. This is the author's apology for any apparent neglect. How shall the volume be sent?

College of Physicians and Surgeons, New York.—By the annual catalogue it appears that one hundred and two students were matriculated. The faculty has done well, and the road to prosperity for the College is fairly open. Drs. Beck and Parker are the men to regenerate anything susceptible of re-animation. It would be good policy for the College to elect a few fellows in Boston—a city in which it would be much to the advantage of the school to have a few friends, to answer questions and state facts.

Smallpox of the Camel.—The following facts connected with smallpox, and communicated by M. Masson, a gentleman well known for his persevering, and highly successful antiquarian researches in central and upper Asia, will, I am sure, be interesting.

In the province of Lus, along the seacoast of Baloochistan, south west of Karachi, of which Bhala is the capital, and Somneanee the port, the milkers of camels affirm that they have a disease called "Photo Shootur." Smallpox, in Lus, is designated "Photo," so that the term "Photo Shootur" implies the smallpox of the camel, which is an eruption on the udder of that animal not more violent, and in its pustule similar to that on the udder of the cow. The camels while thus afflicted continue to give milk—which is largely drunk by the inhabitants—but both the men and the women, who milk them, are invariably seized with a pustular disease similar to that on the camel's udder—on their hands and arms, never extending above the elbows. No one has ever been known to die from this eruption, and the natives themselves remark that those who have had the "Photo Shootur" are uniformly exempt from the smallpox, which is a disease occasionally endemic in the district.

Inoculation is known in Lus: the virus being taken from a person laboring with smallpox, and inserted on the wrist of healthy individuals, "children," who, if the operation is successful—which is not always the case—are seized with smallpox, not limited to the head and arm, but generally over the body—commonly mild, yet in some cases fatal.

Although the inhabitants are aware that the "Photo Shootur" is a preventive against smallpox, they do not inoculate with its virus, in a manner similar to what they do from the smallpox pustule, which frequently brings on a disease, believed by these people to be beyond the power of the native doctors, in so much so, that the relatives of the sick proceed to the shrine of some favorite saint, there by propitiatory offerings to invoke aid in favor of the diseased.—*India Journal of Med.*

Means of rendering Respirable an Atmosphere containing a portion of Carbonic Acid.—Professor Graham communicated to the chemical section

of the British Association, at their late meeting, an extremely important practical suggestion, one which may tend to the preservation of many lives.

He observed that the *after damp*, or carbonic acid, left in the atmosphere of a mine, after explosion, is supposed to occasion, in many instances, a greater loss of life than the explosion; at the same time it renders assistance impracticable. In many cases the oxygen of the air is not exhausted by the explosion, although, from the presence of five or ten per cent. of carbonic acid it is rendered irrespirable. The atmosphere will be rendered respirable by withdrawing the carbonic acid, and he suggested a method by which this might be effected. He found that a *mixture of slacked lime and powdered Glauber's salts, in equal proportions*, has a singular avidity for carbonic acid, and that air might be purified completely from that deleterious gas, and thus rendered respirable, by *inhaling it through a cushion of not more than an inch in thickness, filled with that mixture*, which could be done without difficulty. This lime-filter should be used in all cases where persons are obliged to descend into mines, vaults, wells, &c., the atmosphere of which is noxious to life from the presence of carbonic acid.—*American Jour. of Med. Sciences.*

Hudson Lunatic Asylum.—During the year 1839, 84 patients have been under the care of Drs. S. and G. H. White, the proprietors of this institution—to wit: Recent cases, 23; chronic do., 58; intemperate, 4.

Of the *recent cases* that were removed during the year, 15 recovered; 3 improved; 2 died. Of the *chronic cases* removed, 9 recovered; 11 much improved; 9 improved; 1 died. Of the *intemperate* removed, 2 reformed. Remaining under treatment, January 1st, 1840, 32.

Four hundred and fifty-one cases have enjoyed the benefit of this institution since it was opened, a period of nine years and a half. The quiet patients continue to enjoy family worship, as heretofore.

The Homœopathic Examiner.—A. Gerald Hull, M.D., is the editor of a new periodical with the accompanying cognomen, the first number of which was published in New York the first of January. It is issued monthly, at \$5 per annum. We have only received No. 1. It will gratify us to receive the work regularly, and hence the publisher would confer a favor by sending on the succeeding numbers. We are open to conviction, and to show that we entertain no hostility to homœopathia or the scientific followers of Hahnemann, everything found in the Examiner which can be of interest or utility to the profession at large, will be transferred to the pages of our Journal.

Medical Miscellany.—In consequence of the appointment of Dr. Kimball to the care of the hospital recently established in the city of Lowell, the next course of surgical lectures in the Vermont Medical College will be given by Dr. Parker, the former professor of surgery in that institution; now of the College of Physicians and Surgeons in the city of New York. The prospects of the Woodstock institution are said to be decidedly more promising than at any former period.—Dr. Elisha Huntington has been re-elected mayor of the city of Lowell.—Mr. Nuttall is about delivering a course of lectures on botany, before the Lowell Institute in this city.—Mr. Teschmacher proposes giving a series of lectures in Boston, on the neglected science of mineralogy.—A new quack medicine has appeared in Vermont, called "*Jew David's Plaster*," which has an army

of patrons. It is said to take the lead of Brandreth's pills at the North.—The India Review and Journal of Foreign Science and the Arts, for July, 1839, together with some of the missing Nos. of the India Medical Journal, has but just been received at this office.—Dr. Wise has written a delightful account of Hooghly and Blandel, in the East Indies.—Dr. Richardson has entirely failed in the objects of his mission at the Court of Siam.—The Emperor of Siam, at last accounts, had peremptorily ordered all the opium at Bangkok, to be delivered up—he follows the policy of the Chinese government. Five hundred chests were at once delivered to the public authorities, and the holders were compelled to give the names of the persons from whom they had received it—for his majesty was determined to fathom the mysteries of this abominable trade, and stop it at once, if there was power enough in the Empire to do it.—Silas Fuller, M.D., late physician of the Connecticut Retreat for the Insane, whose salary was \$1000 per annum, and a house—and G. B. Hawley, M.D., apothecary of the same institution, whose salary was \$300 and a house, have both resigned, and established themselves, in company, as general practitioners of physic and surgery, at No. 8 Kingsley street, in the city of Hartford.

TO CORRESPONDENTS, &c.—The communications of Drs. Flint, Swan and Wheeler, are received and will have an early insertion. Other papers are also on hand, some of which must be published with the omission of certain parts, or rejected altogether.—Subscribers are reminded that all letters and communications for the Journal, by mail, should be addressed to the publisher.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. Feb'y.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. at 12	P.M.	at 12	Barom. at 12	P.M.	at 12			
1 Satur.	22	21	20	29.65	29.62	29.63	N E	Snow	Storm commenced at 8 A. M. 3 inches of snow fell.
2 Sun	5	26	24	29.72	29.68	29.59	N	Fair	
3 Mon.	16	25	18	29.30	29.29	29.29	N W	Fair	High wind—squally.
4 Tues.	-3	3	1	29.47	29.55	29.63	N W	Fair	
5 Wed.	-1	15	15	29.79	29.75	29.70	S W	Fair	Afternoon, hazy.
6 Thurs.	21	35	35	29.60	29.65	29.63	S W	Fair	
7 Frid.	44	46	40	29.40	29.56	29.64	N W	Fair	Rain from 4 to 8 A. M.
8 Satur.	31	36	36	29.61	29.49	29.45	S W	Rain	
9 Sun.	35	52	46	29.45	29.45	29.40	S W	Fair	Hazy. Rain in the evening and night. Dense fog. Cleared off in the night.
10 Mon.	36	42	39	29.00	28.95	28.85	N	Foggy	
11 Tues.	28	29	28	29.06	29.18	29.20	N W	Fair	Pleasant day.
12 Wed.	17	33	32	29.31	29.41	29.46	N W	Fair	
13 Thurs.	50	40	39	29.45	29.60	29.76	N W	Fair	Halo around the moon.
14 Frid.	27	34	34	29.96	29.83	29.71	S E	Cloudy	
15 Satur.	31	32	26	29.21	29.44	29.59	N W	Fair	Rain and hail, and high wind, at night. High wind.
16 Sun.	13	26	29	29.92	29.94	29.88	N W	Fair	
17 Mon.	27	44	41	29.73	29.74	29.75	S W	Fair	Halo around moon—snow squall at night.
18 Tues.	31	40	37	29.88	29.88	29.85	N	Cloudy	
19 Wed.	36	46	48	29.74	29.72	29.68	S W	Fair	Mild and pleasant.
20 Thurs.	44	54	50	29.62	29.52	29.48	S W	Fair	
21 Frid.	42	46	42	29.51	29.80	29.87	N W	Fair	Warm day—great waste of snow. Shower from 2 to 3 A. M.
22 Satur.	28	46	47	29.84	29.75	29.68	S W	Fair	
23 Sun.	50	57	52	29.44	29.38	29.28	S W	Fair	Thaw continues.
24 Mon.	36	36	35	29.35	29.40	29.41	N W	Fair	
25 Tues.	26	30	31	29.42	29.40	29.39	N W	Fair	Warm day. Wind changes in the night. Light snow A. M.
26 Wed.	25	33	45	29.44	29.20	29.20	S W	Cloudy	
27 Thurs.	35	34	33	29.44	29.50	29.59	N	Cloudy	Rain in the night. Very pleasant day.
28 Frid.	33	39	39	29.58	29.42	29.43	N E	Cloudy	
29 Satur.	36	40	42	29.48	29.54	29.54	N W	Fair	

The early part of the month of February was cold; the latter part very mild, attended by warm rains and pleasant sun shine, which wasted the snow rapidly, and at the end of the month the ground was very much of it bare, with every indication of spring. No frost in the ground. The blue bird and robin have already made their appearance amongst us. Extremes of barometer, 28.85 and 29.96; thermometer, 4 below zero and 57 above.

Number of deaths in Boston for the week ending March 7, 47. Males, 21—females, 26—stillborn, 1.

Of consumption, 9—delirium tremens, 1—croup, 2—lung fever, 2—scarlet fever, 2—inflammation of the bowels, 2—dyspepsia, 1—infantile, 3—child-bed, 1—old age, 2—fits, 3—scrofula, 1—smallpox, 1—disease of the heart, 1—canker in the bowels, 1—dropsy, 1—intemperance, 1—marasmus, 2—cancer, 1—hooping cough, 1—dropsy on the brain, 1—diarrhea, 1—canker rash, 1—apoplexy, 1—worms, 1.

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

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March 11—6m

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Boston, Nov. 20, 1833.

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JACOB BIGELOW,
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OLIVER W. HOLMES.

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JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1f

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No. 6.

THE "IMMOVABLE APPARATUS," USED IN THE TREATMENT OF FRACTURED EXTREMITIES.

BY ALEXANDER F. DULIN, M.D., OF BALTIMORE.

It is rather remarkable that the plan of treating fractures by the "Immovable Apparatus" should not, till recently, have been introduced into general practice in Europe and America; as it has long been used, with several modifications, both in Asia and the northern part of Africa; and particularly as, at first view, its apparent superiority to the ordinary mode, in the treatment of many cases of fracture, recommends it to the favorable consideration of the practitioner. Although the same principle has been applied by some of the European surgeons, in treating fractures of the extremities, yet it remained for M. Suetin, of Brussels, and M. Velpeau, of Paris, to introduce it to the notice of the profession at large. Since its recommendation by these gentlemen, it has been employed in numerous cases; and the testimony in its support has been rapidly augmenting. To add to the evidence already existing of its value, the two following cases have been reported.

CASE FIRST. *Fracture of both bones of the leg—application of the "Appareil Immobile" the second day after the accident—cure without deformity.*—John Patterson, æt. 19 years, apprentice to an iron-founder, Lexington street, and of temperate habits, May 13th, 1839, received a fracture of the tibia and fibula at the lower third, by the falling across his leg, from the height of three feet, of an iron shaft weighing sixteen hundred weight. Owing to the tumefaction which speedily ensued, his limb was dressed temporarily with the bandage of Scultetus, and placed in the ordinary wooden splints; and evaporating lotions were directed to be used. In twenty-four hours the swelling had so far subsided, that the immovable apparatus was applied in the following mode.

A roller was smoothly applied from the toes to the knee, old fine linen being interposed where there was a probability of excoriation, and in the inequalities on each side of the tendo-Achillis. This bandage was covered with starch, boiled to a thick consistence. A second was applied from the knee to the toes, which also was coated with starch. Then four pieces of thick paste-board (binder's board is preferable), moistened with water until soft, and covered with starch, extending from below the knee nearly to the sole of the foot, the front piece reaching only to the instep, were applied before, behind, and on each side of the

limb ; and covered with a third roller extending from the toes to the knee. This in turn was coated with starch, and the whole covered with a fourth roller, which was secured by a pin or two at the end. The limb was now confined between shingle splints and supported on a third, and with the foot kept properly sustained for two days ; at the expiration of which time, the dressings having become perfectly dry and hard, the splints were removed.

The patient had some fever for three or four days, during which time he complained occasionally of slight pulsative pain in the limb, particularly when in a pending position. He remained in bed, perfectly able, after the removal of the splints, to move about and place himself in any position, without assistance. After the fifth day he walked about the room, with help, and on the eleventh day from the receipt of the injury, he walked abroad, with the aid of crutches and a stirrup to support his foot. In four weeks he could bear his weight, without inconvenience, upon the limb ; and in a little less than six weeks the dressings were removed, leaving his leg firm and without the slightest deformity.

After the second week of the injury, he was not confined to the house, but exercised freely in the open air, and enjoyed uninterrupted good health.

CASE SECOND. Fracture of the tibia—application of the “Immovable Apparatus” immediately after the receipt of the injury—cure without deformity.—B. F. W., son of a gentleman in Mulberry street, æt. 8 years, received, July 12th, 1839, a transverse fracture of the tibia four inches above the ankle, while lying upon a sand heap, by his companion jumping from a height of six or seven feet upon his leg. He was taken home immediately ; and I saw him in half an hour after the occurrence of the accident. No tumefaction had taken place. The immovable apparatus was at once applied, in the same manner as described in the preceding case, and the limb was kept confined within the ordinary wooden splints until the dressings were dry, when the splints were removed.

His desire to be in motion was so great, that on the fourth day after the accident, he left his bed and hopped across the chamber. As he complained but little of pain, or uneasiness in the limb, and was without febrile excitement, I ordered a pair of crutches for him, and a strap, passing around his neck and under his foot, to elevate it slightly from the floor and give it support. After a trial with his crutches, not being able to use them very adroitly, he threw them aside, together with the strap for supporting his foot ; and in less than ten days was limping about the house and yard, treading lightly upon the injured limb. In less than three weeks he ventured to bear his whole weight upon the leg, which he found able to sustain him. From this period he continued to walk upon the fractured leg without fear. The fourth week the dressings became somewhat loosened, from the shrinking of his muscles, and I applied an additional bandage firmly over the whole. At the expiration of five weeks, the apparatus was taken off, and I seriously apprehended there would be deformity, produced by his continual use of the limb ; but was pleased to find a perfect cure, with the most exact coaptation of the fractured sur-

faces. He made but little complaint of pain after the third or fourth day ; and, indeed, his mother thought that the principal part of his profession of suffering was feigned, as in the absence of the physician he only complained of the confinement to which he was necessarily subjected, and some uneasiness in the limb from the tightness of the dressings.

The advantages resulting from this mode of treating fractures of the leg especially, are too obvious to all who have employed the various plans, to require any elaborate disquisition. It is scarcely necessary to reiterate the arguments in its favor, which have been employed by its advocates. It may, however, be well to enumerate a few of its advantages, in comparison with the ordinary mode. The patient is able to move his leg about in bed, and assume any position he may choose, without help. He can also rise without difficulty and attend to the demands of nature. His digestive and other functions are not impaired from confinement to the bed for many weeks. He is not dispirited in mind and greatly fatigued in body, from being obliged to preserve a fixed position for a long time. In hospital practice, it promises to be of great utility, by lessening the liability to sloughing of the sacrum from protracted pressure, consequent upon long confinement upon the back. It is of infinite value to tradesmen, artisans, and others, in enabling them, a few days after the occurrence of the accident, to superintend their affairs, thereby often saving a great amount of time. The apparatus is simple and easy of application, and may be found in any house.

It would far transcend the intention of this article, and extend it beyond its contemplated length, to discuss all the objections which have been urged against this apparatus. There is one, however, and by far the greatest which has been alleged, that requires a brief notice, before I close. It has been maintained that the early application of the dressing, before a coming tumefaction, will have a strangulating effect, and may produce gangrene. Experience has proved, that if the bandage be put on with a uniform compression throughout the whole limb, it opposes tumefaction, and does not interrupt the circulation. The arterial blood is prevented from entering the compressed limb, and the venous blood, by the same pressure, is forced out. But granting that, by any possibility, the circulation should become arrested, the toes are exposed, and there are other symptoms, with which every surgeon is familiar, that clearly indicate the most remote tendency to gangrene, when the apparatus should be removed, and such other means employed as may be proper.

It would not be advisable to apply the apparatus immediately, when there was much swelling, but wait until it was dissipated ; as the dressings would be left too loose to afford the necessary support to the limb, and because there would be difficulty in “determining upon the exactitude of coaptation” of the fractured surfaces.

Suffice it to say, in conclusion, that hitherto the various objections adduced against it, have not, from experience, been found valid.—*Maryland Medical and Surgical Journal.*

ANIMAL HEAT.

[Communicated for the Boston Medical and Surgical Journal.]

HEAT, or caloric, is a subject which has occupied the attention of philosophers, more or less, for two thousand years. Their hypotheses have been numerous and widely various. The great difficulty has been, to fix upon the organs or apparatus of calorification. Some affirm that there is no such apparatus, and that animal heat is the result of the united action of all the vital organs. And yet there is a disagreement amongst those who admit the existence of such an apparatus; some supposing it to be effected by a particular organ, others that it is generated in a more general manner.

Chaussier admits a primary vital property, by which animals disengage caloric, in the same manner as their other vital operations are accomplished, by other vital properties. Boni considers that it is the common result of all the vital actions. Hippocrates thought that it depended on the action of a vital principle on organized matter. Boerhaave, that it was generated by the friction of blood on the coats of the vessels. Others supposed that it depended on the process of fermentation, or putrefaction, or on the process of nutrition. Time has been when each of these suppositions has prevailed, strange as it may seem in this enlightened age. These theories need no comment; for no one, at the present day, will for a moment suppose that the friction of fluids on each other, or on solids, can produce any heat—or that there is any process like fermentation or putrefaction going on in the animal economy in a state of health. The theory of friction partakes strongly of the mechanical philosophy which prevailed in that age; the others show the great imperfection of the state in which chemical science then was, and the very limited knowledge of the animal economy which the philosophers and chemists of that day possessed.

The doctrine of Mayow, Lavoisier and Séguin was, that caloric was the effect of respiration; they supposed that something like combustion took place in the lungs; and that the heat thus rendered latent, being then taken up by the bloodvessels, was distributed to all parts of the body. Dr. Black's theory was nearly the same. These distinguished philosophers forgot that if animal heat was generated in the lungs, and carried along in the bloodvessels to all other parts of the system, the temperature of the lungs ought to be much greater than that of parts more remote from the heart; which, however, is not the fact. Dr. Crawford improved upon the beauty of this hypothesis, by supposing that the arterial blood has a greater capacity for caloric than venous. But improved physiological principles do not favor the idea that there are any changes in the system which take place under chemical laws, or the laws of inorganic matter.

It is saying no more than the truth, probably, when it is affirmed that the chemical theories of Drs. Black and Crawford, though beautiful and ingenious, are completely overturned. We think that the only theory which can be supported by actual experiment is this, viz., that animal heat is produced by the mutual action of arterial blood and the

nerves ;* mutual, because, if a limb be deprived of blood it becomes cold ; deprive it of the nervous influence and it also becomes cold, when at the same time it is abundantly supplied with blood.

Sir Benjamin Brodie, in 1810, performed some interesting experiments, relating to this subject. He found that when an animal is killed, the heart continues to beat and circulate dark blood for ten or fifteen minutes. If the animal is decapitated and the bloodvessels are tied, the heart will then beat the same length of time. If, however, artificial respiration is kept up, the heart pulsates and the arteries circulate red blood for two hours or more. When artificial respiration is performed, the same change is effected in the blood, as in the living animal ; that is, it is changed from venous to arterial. But mark the change in regard to heat ; the animal, instead of retaining its natural temperature, is more speedily reduced to the temperature of the surrounding medium, than when artificial respiration is not performed. These experiments settle two points, viz., that the temperature, in fact, depends on the nervous influence of the brain ; and that animal heat is *not* the result of a change of the blood in the lungs from venous to arterial.

A few facts may here be named which will go to corroborate this last statement.

1. Persons who are asthmatic, are, during a paroxysm, several degrees colder than the natural temperature. Respiration, in them, is imperfectly performed—the blood, of course, is not fitted to act mutually upon the brain for the production of this nervous influence, necessary to the evolution of animal heat.

2. In apoplexy, heat upon the surface of the body is greatly diminished. Here there is a mechanical obstruction in the brain, which destroys the nervous influence, while the heart and bloodvessels circulate as much, or nearly as much, blood as in health.

3. Wounds of nerves in a limb produce a diminution of heat in that limb ; wounds of bloodvessels have precisely the same effect. Such effects, resulting from such causes, must, we think, have been frequently noticed in the practice of every intelligent surgeon.

4. Poisons which act on the brain, destroy its influence on the system, and in this case, too, heat is diminished.

It is a natural inference, then, and it is agreeable to the laws which govern living animal bodies—that animal heat is produced by the influence of arterial blood, and a nervous influence, acting mutually upon each other. Respiration produces that change in the blood which fits it to be thus acted upon by the nerves. This appears manifest from the fact that the circulation of dark blood in the brain destroys life in a short time.

Sir B. Brodie performed a curious experiment for the purpose of ascertaining whether galvanism could be substituted for nervous influence. After having decapitated an animal, he connected the principal nerves with a battery. Respiration was artificially performed as in his other experiments, and he found that the animal retained its usual temperature for a considerable time.

* I first received this idea several years ago from Dr. Emmons, Professor of Chemistry and Natural History in Williams College.

From the preceding facts, we are led to feel tolerably certain what organs are concerned in the production of animal heat, and what are not; but the *quo modo* is still hid from us in a dark and mazy atmosphere. It is, indeed, generated in the lungs; not, however, in the decarbonization of the blood, but in precisely the same manner as in other parts, viz., by the action of a nervous influence on arterial blood, carried thither by the bronchial arteries. In all parts of the body largely supplied with bloodvessels and nerves, caloric is disengaged; and in all diseases where there is an increase of circulation and of nervous influence, the temperature is raised. The natural standard of heat in the human body varies from 96 to 98 degrees Fahrenheit. In scarlet fever, it rises to 108, 110, and even to 112 degrees, which fact goes far towards proving that heat is generated in every part of the system, wherever there are a vascular and a nervous tissue. E. G. WHEELER.

Unionville, Mass., March 6, 1840.

MEDICAL REMINISCENCES.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

IN the early and middle periods of the eighteenth century, there was found a constellation of medical men in the State of Connecticut, distinguished alike for eminence in their profession, and for general attainments in literature and science. First and foremost of the number was JARED ELLIOTT, D.D., who was equally distinguished as a profound and learned divine, and a skilful and erudite physician.

Doctor Elliott was a native of the town of Guilford, son of the Rev. Joseph Elliott, the minister of that place, and was born Nov. 6th, 1685. He was one of the earliest students of Yale College, and received his bachelor's degree, with two associates only, in 1706. He was a settled clergyman in the town of Killingworth, in Connecticut, from the year 1709 to the year 1763, the time of his death—performing the twofold office of pastor of a people, and physician; and to such eminence did he arrive in both, as to take the highest rank as a theologian, and to justly deserve the appellation of the Father of Medicine in Connecticut. Nor was his reputation confined to these departments of science and learning exclusively. He was a natural philosopher and scientific writer, the intimate friend and correspondent of Bishop Berkeley, Dr. Franklin, and several other eminent philosophers of Europe and America. With all his other labors he devoted considerable attention to botany and mineralogy. He introduced into this country the white mulberry tree and the silk worm, and wrote a treatise recommending the cultivation of the tree, and the manufacture of silk, which was published. He received a gold medal from the Society of Arts in London, as a premium for the discovery of a process of obtaining iron from black sand. His library contained the works of Hippocrates, Celsus, Galen and Aretæus, in their original languages, which he was doubtless able to read.

He must have been a most industrious and systematic man, to attend

to two laborious professions and find time to devote so much attention to the cultivation of the arts and to general science and literature. As a physician he was deservedly eminent throughout New England; he was said to be particularly successful in the treatment of chronic diseases. He had many pupils in physic, some of whom rose to great distinction. He introduced regular systematic reading and study, preparatory to entrance upon professional practice, and did much to elevate the profession in his native State. He was as remarkable for the benevolent and kindly feelings of his heart, as for soundness of understanding and scientific research. From the year 1730, to the time of his death in 1763, he was one of the corporation of Yale College. He was also a member of the Royal Society of London, an honor rarely conferred upon one of our countrymen.

A writer,* from whom many of these facts were taken, who had the best opportunities to ascertain the manner in which Dr. Elliott was appreciated in his life time, thus concludes a notice of his character.

"Such men as Elliott are not only highly useful and honorable to the age they live in, but are blessings to future generations. They give a spring to the human intellect, excite a spirit of inquiry, experiment and observation, and thus diffuse a light amongst their cotemporaries, which has an influence on remote posterity."—*See Thatcher's Medical Biography.*

Other distinguished men of that day, and cotemporary with Elliott, were two Scottish physicians, who emigrated to this country from 1735 to 1740, by the names of "MORRISON and McLEAN," two names always spoken of in connection, who were much together, if not at one time partners in business.

DR. LAUGHLIN McLEAN, after arriving in America, first settled in Wethersfield, Conn., where he continued for some time associated with his countryman, Dr. Morrison. After residing for a season in this town, he moved to Hartford, and continued many years the ornament of his profession, extensively useful and greatly beloved by a numerous circle of friends and employers. Dr. McLean has always been spoken of as a man of refined education, great dignity and ease of manners, and of uncommon benevolence of heart. He died at an advanced age, and left behind him a family whose descendants are still living in Hartford or the vicinity.

At the close of the French war, about 1763, a brother of Dr. McLean, who was a commissary in Gen. Wolfe's army in Canada, came to Hartford and settled in the vicinity, raised a family of respectability, from which many individuals descended who now reside in Connecticut. Dr. McLean was a classmate and friend of the celebrated Dr. Cullen, in the Medical School at Edinburgh.

DR. NORMAN MORRISON, of whom I have been able to obtain more information, who as a scholar and man of science was in no way inferior to his distinguished countryman, was born in Scotland about the year 1690. He received his education at the University of Edinburgh, under

* Dr. Thomas Miner.

the instruction of the distinguished teachers who filled the professors' chairs in the department of medicine in that celebrated University.

Dr. Morrison came to this country about the year 1740, and first settled in Wethersfield, Conn., where he remained about two years. He then moved to Hartford, and soon gained a high reputation for medical science and practical skill as a physician. Many pupils resorted to him and his distinguished countryman, Dr. McLean, as the fame of both was alike honorable and extensive. Like Elliott, Dr. Morrison was a thorough and diligent scholar, had a valuable library, and did much in that day to inspire his pupils with a taste for reading, and encourage systematic and regular practice. The benefit of his labors in instructing a class of pupils of unusual eminence, was widely diffused, and its influence can hardly be said to have ceased at the present time. Those of the present century who knew him, or knew of his fame, bear testimony to his great accomplishments as a man and a scholar, and to his superior eminence and judgment as a physician. Amongst his pupils were the celebrated Dr. Osborn, of Middletown; Dr. Wolcott, of Windsor; and Dr. Farnsworth, of Wethersfield. The following anecdote is related of Dr. Morrison, with which he used to amuse his friends, although somewhat at his own expense. There lived in a neighboring parish a Dr. Andrus, a self-taught, but shrewd, ingenious man, little acquainted with books, but who had picked up, in various ways, considerable knowledge, particularly by his acquaintance with the Indians in the neighborhood, denominated the "Farmington Tribe." He had obtained from them their knowledge of roots and herbs, so as to have gained much reputation with the public, although he was hardly admitted into the pale of the regular profession. A respectable patient in Hartford, in the care of Drs. Morrison and McLean, having heard of this modern *Æsculapius*, desired much to see the renowned Dr., of Indian skill. Unwilling to meet Andrus, but yet wishing not to disoblige their patient, they agreed to address a note to the doctor to meet them at a certain time. Wishing to have a little sport with the Indian doctor, and not at all unwilling to mortify or disconcert him, they wrote the note in the Latin language, which they knew he could not read, and despatched a messenger with it to the doctor's house. On the reception of the note the doctor attempted to read it, but it was all "Greek" to him, which ever side up he attempted it; but a shrewd yankee was not easily to be entrapped, even by a crafty Scotchman. Andrus bade the messenger wait, and went with all speed to his minister, who was no less a man than Rector Williams, afterwards president of Yale College, who easily interpreted the mysteries of the note for him. Seeing the object, his quick discernment and ready wit led him to retort in the answer they required. Understanding the dialect of the Indian tribe, with whom he was familiar, he immediately replied in this unknown tongue, and the messenger was despatched in return. The Scotch doctors took the note, but they did not understand the "Latin of it," neither could they find an interpreter; but at the appointed hour the hero of Indian skill and learning appeared. The Scotchmen were much interested in his ingenuity and simplicity of character. They finally requested him

to interpret his own billetdoux, acknowledging their ignorance of the *learned language* in which it was written, and had a hearty laugh over it, as they many times did afterwards in telling the story of their attempt to cheat a yankee.

Dr. Morrison married a Miss Smith, in Hartford, by whom he had two daughters, one of whom married respectably in the city, and her descendants are still living or have recently deceased. The other married a Scotchman by the name of Walker, who settled in a neighboring town.

Dr. M. died in Wethersfield, of an epidemic pneumonia, at the house of his friend and pupil, Dr. Farnsworth, who was first severely sick under the care of his celebrated instructor. After Dr. Morrison was attacked with the disease, he predicted the recovery of his friend, but unhesitatingly declared the certainty of his own death—both of which events occurred in exact fulfilment, as to time and circumstances, as he had foretold. His death took place in 1761, at the age of 71.

Worcester, Feb., 1840.

S. B. W.

FRACTURE OF THE THIGH BONE—TUMOR—AMPUTATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In 1820, Mr. * * * *, a house-carpenter, aged 30 years, came to me for advice. The following is a brief history of himself. He had been able to pursue his business as a carpenter, though for about a year previous he had suffered from rheumatic pains, as he considered them, in the right thigh and leg. His general health was impaired, which he ascribed rather to domestic affliction than to his rheumatism. He had labored through the day, and walking his room in the evening, he tripped with the foot of the lame leg and fell. A physician was called, who discovered fracture of the thigh bone below the middle of the shaft. He was put into splints and confined strictly for six or eight weeks. It was discovered then that union had not taken place. The limb was useless; the thigh evidently flexible at the fracture, around which had formed a large tumor.

This was the condition of the limb at the end of three months, when the patient was brought (twenty miles) to me. The tumor, now twice the natural size of the thigh, about the fracture, was colorless, hard, and not sensible to pain on pressure. The general health was decidedly bad. The functions of body were illy performed, and his countenance had the sallow, anxious look peculiar to malignant scirrhus of the glands. The case was novel and embarrassing to me, and the patient was prevailed upon to remain with me until I examined such authorities as I could command, to enable me to give an opinion in the case. Boyer's description of osteo-sarcoma decided me that this was probably a case of it, and I advised amputation. At this time, and at my instance, he consulted an elderly surgeon of merited celebrity, who thought another attempt should be made, if possible, to effect union; and though opposed to my own views, as the general health had already severely suf-

ferred, he was again confined by the advice and direction of my surgical friend, for six weeks. In this second trial the tumor increased greatly, and the health declined daily.

I removed the limb just below the trochanter, about five months after the fracture. On opening the tumor there was a loss and disappearance of a part of the bone, and the whole tumor was filled with bony spiculæ, like needles in a cushion. The stump healed kindly, and for a few months he rallied in health; but within, or about a year from the operation, he died of what was called consumption of the lungs. The stump continued sound and healthy to his death.

It may be regretted that amputation was not earlier resorted to; but from cases which I have since seen and had occasion to treat under better and apparently more auspicious circumstances, together with the general failure, in my hands, of operations for malignant scirrhus of the glands in both sexes, which I consider allied in character to osteo-sarcoma—though I would certainly resort to an operation where the disease can be thoroughly removed, and when the general health is not too much impaired—I should depend on constitutional remedies entirely to prevent a return or re-appearance of disease—and I have so little confidence in these, even, that I feel constrained, in all cases of this kind, to give a very guarded prognostic.

Respectfully,

Springfield, March 6th, 1840.

JOSEPH H. FLINT.

IMPORTANCE OF ANATOMICAL KNOWLEDGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As there are many practitioners of medicine throughout the country, besides the "*Regular Apothecary Doctors*," who make no pretensions to experience in anatomical science, and even use their influence to prejudice the community against those who are willing to confess that *experience* in the dissecting-room, and demonstrations in the anatomical theatre, are the absolute *sine qua non* in the qualifications of a practitioner of medicine or surgery, it may be well to publish occasional *facts*, that people may at once see that a knowledge of anatomy, in some cases, may save the life of a patient. The following may illustrate.

Mrs. A., of this town, young, and of good constitution, was confined with her second child, May 9th, 1838. She was attended by a midwife, an elderly lady, of considerable experience in that line. There was nothing peculiar in the labor; the *placenta* was extracted with some force, and much pain was experienced, followed by considerable hemorrhage, which continued for 36 hours, when a physician was called, who found the abdomen tumid. The catheter was introduced, and three pints of water drawn from the bladder with momentary relief; but it was soon ascertained that there was a complete inversion of the uterus, which resisted all attempts at reduction. Here it was evident that anatomical skill could only ascertain the true nature of the case, and timely aid might in all probability have saved the patient. As it was, she

lingered some months, and so far recovered as to ride out and attend to household affairs, and the catamenia returned. At the end of about 12 months, she was suddenly attacked with vomiting, which continued more or less until she expired, some two or three days after this attack, June 3d, 1839.

In company with three other physicians, I attended the post-mortem examination. On exposing the *viscera* of the abdomen, the Fallopian tubes and ovaries were found drawn quite down in the bottom of the pelvis; the uterus was entirely within the vagina, completely inverted, and but little exceeding the ordinary size. It was of a dark purple hue, veins much injected, and having the appearance of some strangulation. Stomach and other organs appeared in a healthy condition. Was the excessive vomiting occasioned by the stricture about the inverted uterus?

At the time of this examination, the attending physician thought of reporting the case; but I understand he has not, and viewing it of some consequence, I have ventured to transmit you the substance of the case from memory, which I believe is correct. Yours, with due respect,

Great Barrington, Ms., March 5, 1840.

N. B. PICKETT.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1840.

REASONS FOR BELIEVING IN HOMŒOPATHY.

A PAMPHLET of thirty-one closely-printed pages, entitled "*Letter to the Hon. —, with reasons for examining and believing the fundamental principles of Homœopathy, by C. Ticknor, M.D., of New York,*" came to our address the other day, from the author, who is a talented member of the medical profession in that city, and familiarly known in this country and in Europe, for his admirable work on the Philosophy of Living. In one word, Dr. Ticknor has become a decided convert to Hahnemannism. These are his own words—"Such is the evidence, Sir, which has proved to my satisfaction that the principle of Homœopathy is true. I have seen the results follow my remedies under such a variety of circumstances, where no other cause could have operated, that in spite of my wishes and prejudices I have been compelled to believe that these results were the effect of medicine." This article of faith follows a long and candid essay upon what Dr. Ticknor has observed under circumstances the most favorable and convincing.

While reading this letter, which, in essence, is a miniature treatise on homœopathy, where the evidence of both sides is weighed, in his view impartially, we feel satisfied of Dr. Ticknor's honesty. He has not turned his coat for the sake of immediate gain, but because he fully and honestly believes it to be his bounden duty, in the pursuit of a responsible profession, to practise according to the dictates of reason, and the light of modern science. In early life, we had some agency in Dr. T.'s medical education, and it will be remembered by those who formed an acquaintance with

him at a medical school, that he is not constitutionally calculated to become a sudden worshipper of new gods, or a fanatic in any doctrine.

There is really a very satisfactory historical account of the progress of the new system of medicine in this pamphlet, which is far better calculated to interest the general reader, than any other which has been circulated of late.

Having made these free observations, we have no hesitation in saying that we cannot yet believe the doctrines, or credit the assertions, of the homœopathic disciples. Whenever we have good cause for changing old opinions for new ones, or feel in duty bound to relinquish the present mode of treating diseases, for the talismanic one, declared to be so wonderfully successful by all the homœopathists of this and other countries (and it is rather extraordinary that they all concur in asserting and maintaining precisely the same facts and declarations), we shall have no motive for concealing it, but at once acknowledge such a revolution of sentiment.

If homœopathy is truly, as generally represented, nothing but empiricism, it is the most harmless plan ever invented for profiting by the ills of humanity. That over-dosing is an evil of prodigious magnitude in modern practice, will not be denied by the staunchest advocates of the present well-established system. And it is a reformation loudly called for, to lessen the quantity of medicine ordinarily given in the treatment of the general class of diseases. As the impression exists, among a large class of people, that physicians, as a body, prescribe unnecessary quantities of medicinal articles, even in trivial maladies, they are ready to countenance almost any scheme which promises relief from suffering, and in which the use of nauseous drugs is positively declared to be unnecessary. To this one fact is chiefly to be imputed the rapid success of the homœopathic physicians, in the United States. No person would willingly submit to the amputation of a limb, on account of extreme pain that resisted the usual remedies, if he were told that at the expiration of ten years, by a newly-discovered medication, it could be saved. The patient, buoyed up by hope, would endure intense misery. So it is in regard to homœopathy; the prospect held out is encouraging, and a natural repugnance to pills and powders, together with a growing prejudice against the customary manner of dispensing medicines in large and frequent doses, brings this modern school of adventurers into extensive as well as profitable business.

On the whole, we are obliged to admit, from the signs of the times, that it is probable these latter-day practitioners will greatly increase, and distribute themselves over the United States, and for awhile they may be in the ascendant; but ultimately, we think, they must necessarily fall into disrepute, and common sense re-establish her dominion.

We are glad to be instructed in any department of knowledge, and it is on this principle that we have read a multitude of essays and comments on homœopathy, without, however, being essentially the wiser. Dr. Ticknor is more lucid than most of his brethren, and therefore more acceptable, though not absolutely convincing.

Mortality of New York in 1839.—Dr. Walters, the city inspector of New York, has shown, in the return made to the Council of that city, that he understands the business of his office. The tables are plainly constructed, and therefore satisfactory to every person. In 1839 there were

7953 deaths—being just 100 less than in the preceding year. Of this number, 7491 were white, and 462 colored persons; 4359 were males, and 3564 females. Dr. Walters says that this disparity in the deaths of the two sexes commences during fetal existence; and he further remarks that the average mortality among the foreign population appears to be much greater than amongst native citizens. Of the whole number of deaths in persons over 10 years of age, 1419 were natives, and 1853 Europeans. July, in New York, is the most fatal month: the fewest number of deaths occur there in April, May and June. In 1839, 3696 children died before completing their fifth year. By pulmonary consumption, 1315 were swept off—being an increase of 90 over the mortality by that disease last year. One sixth of all the deaths are by consumption: 1 in $3\frac{1}{2}$ of the colored persons who died in 1839, were carried off by pulmonary affections. We cannot refrain, without doing an act of injustice, from commending this very excellently executed bill of mortality, which shows that the present city inspector is as competent to the discharge of the duties of the office as any of his predecessors.

Medical Service of Egypt.—An inspector of the land forces and marines, and president of the Council of General Health, receives an annual salary of 30,000 francs; the inspector and member of the Council of General Health, 10,000 francs. Army medical inspector, 8,500 francs; principals, 5000 each. Majors, 3,400; assistant majors, 2,200; and under assistants, 1,500 francs each. The title of doctor in medicine from one of the faculties of Europe, is required to obtain the rank of (*medical*) major. The General Council of Health is comprised of the following persons, viz., Clot Bey, inspector general—president; Giatani Bey, private physician to his Highness the Bey—honorary member; Detonches Bey, inspector apothecary—incumbent member. Since Clot Bey organized a native medical school in Egypt, which was imperiously called for in consequence of the extreme dearth of medical officers, from 410 to 420 have been graduated and incorporated with the army and navy, with the rank of under assistants, assistants and majors. In 1833 Clot Bey carried 12 young Arabians to Paris for the completion of their medical studies, and 6 of them, since their return to Egypt, are employed at this time, in the capacity of assistant professors in the medical school of Abouzabel. Secondary medical schools are established at Alexandria and Aleppo, for providing for civil hospitals and lying-in establishments. The Esbekeeh Midwife School is particularly encouraged, in which the female slaves belonging to the harem of the Pasha are taught the general principles of the art.

Jefferson Medical College.—Things have been going on exceeding prosperously at this institution the past winter. One hundred and forty-five students were matriculated. Accompanying the catalogue is a congratulatory address of the trustees, in which they are "happy in being able to express their satisfaction with the mode in which the new professors of Obstetrics and Surgery have executed their respective duties." What was the matter before they were appointed? The students passed a series of resolutions in which they, too, speak of their satisfaction with the new professors. All this is quite mysterious to us who live so far to the north.

Pathological Society of Dublin. Softening of the Anterior Column of the Spinal Cord in its Cervical Portion.—Dr. Power begged to draw the attention of the Society to a well-marked and recent specimen of acute softening of the anterior column of the spinal cord. The patient, a woman aged 50, was suddenly attacked with paralysis of motion in the upper and lower extremities. The bladder and rectum were unaffected: a slight power of motion remained in the limbs. There was no loss of sensation; no fever, headache, or disturbance of intellect. *Sensation in the paralyzed portions was perfect.* Soon afterwards she was attacked with dyspnœa, and her *breathing became diaphragmatic*; ultimately the diaphragm became paralyzed, and death took place with great dyspnœa. The cervical portion of the medulla spinalis was found softened.—*Dublin Journal.*

Absence of the left Kidney.—On examining the body of Edwin Seanes, aged 1 year and 10 months, who died on Nov. 17, from mesenteric disease, the left kidney was *entirely* absent. There was no appearance of its *ever* having existed. Its place was occupied by the convolutions of the intestines, the spleen lying in its proper situation. The right kidney was very large, weighing four ounces and a drachm (avoirdupois), situated unusually high, its superior end resting on the three inferior ribs, and firmly attached to the diaphragm. The renal capsule presented nothing peculiar. The vessels and ureter were proportionately larger. In this case the left spermatic vein emptied itself into the vena cava.—A. KEMPE, M.R.C.S., in *London Lancet.*

Raw Cotton a Cure for Chafes.—Dr. A. Robertson, of Gainesville, Alabama, writes to us that he has found raw cotton a prompt and effectual cure for chafes. Practitioners, he states, in a southern climate, who visit their patients on horseback, are peculiarly liable, especially in sultry weather, to being badly chafed. Having suffered much from it himself, being sometimes disqualified for a day or two at a time for riding, he was induced to try the raw cotton, and has always found that when it was applied to the skin at night on going to bed, it afforded entire relief by next morning.—*American Jour. of Med. Sciences.*

Medical Miscellany.—Mr. Daniel Davis, Jr., who received the gold medal at the second exhibition of the Massachusetts Charitable Mechanic Association, and whose skill as a philosophical instrument maker is probably unrivalled in this country, has recently furnished a complete set of electro-magnetic apparatus for the Vermont Medical College at Woodstock.—Camphor has risen in price in England, in consequence of the difficulty with China.—A Medical Board, consisting of Surgeons T. C. Mower, C. A. Finlay, and H. S. Hawkins, will convene at Philadelphia on the 1st of May, to examine applicants for medical appointments.—Dr. Mussey, says the Cincinnati Gazette, recently performed the rhinoplastic operation successfully, by taking the material for a new nose from the arm, between the elbow and shoulder-joint. He has also removed half the upper jaw from the left side of a young man, who has recovered so favorably as to attend to business.—Dr. J. McNaughton, of Albany, has accepted the appointment of Professor of Theory and Practice of Medicine in the place of Dr. Reese, resigned, in the Albany Medical College. There is no mention of Dr. McNaughton's resignation of the Chair of Anatomy and

Physiology in the Fairfield School, which he has held with distinguished success for many years.—A young man died of hydrophobia at Cincinnati, Feb. 25th, from a bite which he received from a dog in July last.—There are 105 Italian, 32 French, 6 English, 5 German, 4 Polish and 2 Spanish physicians, surgeons and apothecaries in the service of Mahomed Ali, the ruler of Egypt.—Dr. Baxley successfully performed laryngeotomy on a child one year old, in Baltimore, the other day, and took from the larynx a piece of the shell of a nut.—The mortality of New York week before last, was 142—in Philadelphia, 110.—The estate of Dr. Wolfred Nelson, the expatriated Canadian patriot, was confiscated, and is now advertised to be sold at auction. It consists of 18 beautiful village lots in St. Denis; four houses; 11 farms, containing 1021 acres of valuable land, and 2 flour mills. The doctor was called an immensely rich man.—J. F. Trow, of Nassau street, New York, has published a popular work on Dentistry, by G. E. Hawes and C. C. Allen, M.D., illustrated by plates. No copies in Boston.—From 1796 to 1806, 1 lying-in woman out of 32 died in the Charité of Berlin. In the next 10 years, from 1807 to 1817, 1 in 45; but in the whole kingdom of Prussia, in 1817, only 1 died out of 112.—Cases of *muscæ volitantes*, with remarks on their proximate cause, by W. C. Wallace, M.D., of New York, are re-published in the India Journal of Medical and Physical Sciences, for June, 1839, copied from the London Medical Gazette.—Mr. Brett, the celebrated Calcutta surgeon, whose talents are of the very highest order, has been almost crushed by the overtowering influence of a clique of medical monopolists, who seem determined that no man shall be known or patronized who manifests a disposition to eclipse any member of the stupid brotherhood, who watch with a lynx's eye to keep down—but never allow of any man's elevation.—Dr. McClintock's private school of anatomy, in Philadelphia, the past winter, contained, we understand, 130 students, who passed sundry resolutions, at the close of the term, very complimentary to the doctor's qualifications as a public teacher. Only 32 deaths occurred in Baltimore week before last.—A good deal is said of the value of creosote in deafness.—A committee of the City Council of Boston has been raised to inquire into the expediency and necessity of erecting a hospital at the House of Correction, and to report a plan and estimates.—A treatise on the chemical analysis of organic bodies, by Professor Liebig, of the University of Giessen, has recently been published in Scotland—translated by W. Gregory, M.D.

TO CORRESPONDENTS, &c.—Dr. Hoit's communication will be inserted next week.—Johnson & Smith, publishers of the "Olive Leaf," at Providence, R. I., are authorized to act as agents for this Journal. Subscribers in that city are requested to pay to them the amount of the bills which were enclosed in their copies of the Journal some time since.—Several of our agents at a distance, are requested to make a remittance as soon as convenient.—Subscribers in places where there is no agent, are again reminded of a mode of transmitting money which is at all times available, and without expense, viz., through the postmasters of their respective towns.

DIED,—In Bristol, R. I., Dr. Lemuel W. Briggs, 54.—In Hallowell, Me., Dr. George H. Clarke, 22.—At Lansingburgh, N. Y., Frederick A. Waite, a student of medicine, 24.—At Charlestown, Montgomery Co., N. Y., Ezra May, Jr., M.D., in consequence of an injury by falling on the ice.—At Marblehead, Mass., suddenly, of angina pectoris, John S. Bartlett, M.D., pretty extensively known in consequence of a difficulty with the Massachusetts Medical Society.

Number of deaths in Boston for the week ending March 14, 29. Males, 16—females, 13. Stillborn, 3.

Of consumption, 6—infantile, 1—typhous fever, 2—inflamatory fever, 1—lung fever, 2—croup, 1—
inflammation of the lungs, 1—lead poison, 1—fits, 1—apoplexy, 2—child-bed, 1—disease of the brain, 1—
rheumatic fever, 1—suicide, 1—old age, 2—teething, 1—dropsy on the brain, 1—smallpox, 1—
intemperance, 1—hooping cough, 1.

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid).
March 18—tf

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. G. WILEY, Jan. 29—epineoptf H. I. BOWDITCH, J. V. C. SMITH.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

IN offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peirotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.
June 12—ly

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, \$1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents.
Dec. 11.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.
June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, MARCH 25, 1840.

No. 7.

LUXATION OF THE LAST DORSAL VERTEBRA—EXFOLIATION OF
THE HEAD OF THIGH BONE AND ACETABULUM.

[Communicated for the Boston Medical and Surgical Journal.]

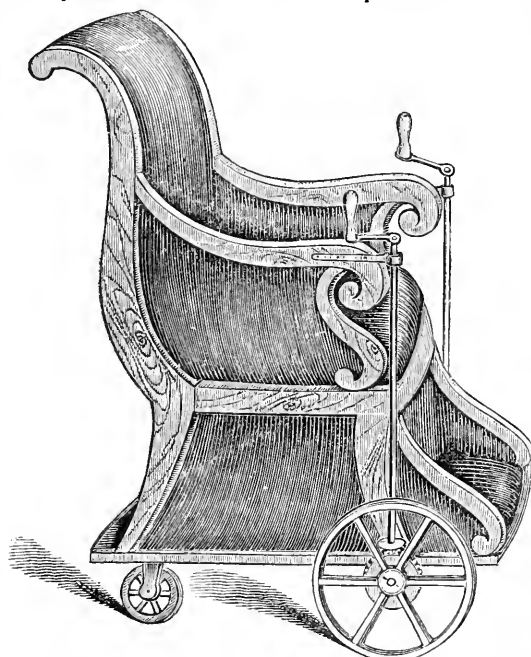
THE subject of the following remarks is interesting in a twofold point of view; as it may throw some light on the treatment of injuries of the spine, where the function of the nerves of motion and of sensation of the lower extremities is lost; and secondly, as it illustrates the restorative power of nature in wounds and operations, even under the most unpromising circumstances.

Joseph Stocks, in the spring of 1826, aged 11, was crushed under the body of an ox-cart in such a manner as to produce a luxation of the last dorsal from the first lumbar vertebra, which so far compressed the spinal cord that the function of those nerves which originate below this point of the spine was wholly destroyed, both in sensation and motion. There must, however, have been some nervous power derived from filaments which had their origin above the seat of the injury, as the patient informed me that he knew when he was about to pass urine or a stool, though he had no power to restrain either. The sphincters of the bladder and anus were powerless.

The writer first saw the patient in the summer of 1834, eight years after the accident which deprived him of the use of his lower extremities. Although the circulation in the paralyzed parts was barely sufficient to exempt them from the laws of dead matter, yet there was no material for growth. Perhaps the bones had extended a little in length, yet the size of his lower extremities had not increased since the time he sustained the injury. His knees were bent at acute angles, though the joints were not wholly ankylosed. He had lain almost constantly in one position. He employed a considerable part of his time in painting and music, and became quite a proficient in these branches of education. He is at this time a portrait painter. His chest and upper extremities well formed, countenance healthy and intelligent. When he attempted to sit, his body would easily turn in a lateral direction at the point of the injury, so that all attempts at sitting were abandoned. When we saw him he had not for several years been removed from his apartment.

In this situation it appeared as if something ought to be done for his relief. It seemed probable that by a little training he would be less helpless; and that his upper extremities might be of more immediate use in locomotion. We had seen several machines, or chairs, for such as had

lost the use of their lower limbs; but these had been formed for such invalids as were able to sit, and, of course, did not reach the present case. We, however, by the assistance of two first-rate mechanics, succeeded in a great measure in supplying a desideratum in the surgery of the spine which answered our expectations. It was designed to fix the



pelvis by using the thigh bones as levers, confining the feet in a foot stool, by a cushion and belt over the knees. 2d, to support the body by means of a belt, at and above the place of fracture, attached to the chair, extending across the abdomen. 3d. The sides and back were to be accommodated to the shape of the body by means of the stuffing. 4th. The weight of the wheels and the size of the base were to be such as to render it difficult to be overturned. 5th. To fix to it a close stool and urinal. And 6th.

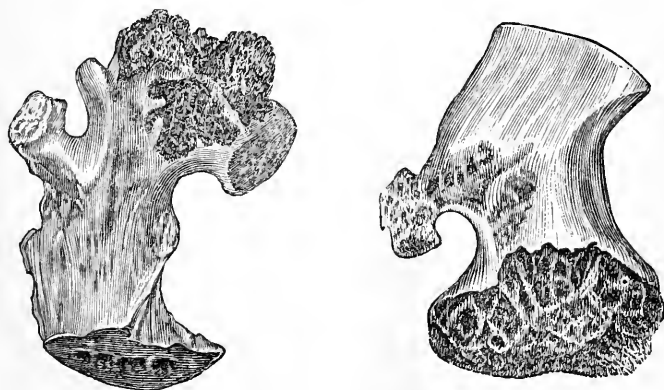
To give motion to the machine by muscular power, in such a direction as not to interfere with the injury of the

spine. We send you a drawing of the chair; and one may be seen at Dr. Flint's hospital, but not complete, as it is necessary for the upholsterer to adapt the stuffing to each individual patient. In the case of Mr. Stocks, the abdominal belt was dispensed with, and subsequently the knee band, as he had improved much in keeping his balance before we had completed his chair. He had so far improved in muscular motion, that he could dress himself and get into his chair from his bed without assistance, and go all over the same floor of the house. His health was very good, and he seemed to be prosperous. He wrought as many hours as artists generally do, when our designs came near being frustrated, so far as he was concerned.

On the evening of the 1st Jan., 1839, I was called in haste to Mr. Stocks, about half past ten o'clock. The messenger said that he was badly burned. He was engaged in making a varnish, which took fire and involved him in the flames. His hands, face and neck were badly

burned, so that at the time I thought the case attended with considerable danger. He, however, recovered partially from his burns, when on the 17th of January he was attacked with a fever of the character of our congestive typhus, which endangered his situation very much. He was for a time partially deranged; the determination of blood to the head was such as required considerable depletion. As his fever yielded we had a new and formidable difficulty to contend with. There had been an ulcer of considerable extent near the acetabulum of the right side. This had now become so large, and suppuration so profuse, as to render his case dangerous. There was a spontaneous luxation of the femur, the round ligament being off, and the head of the bone and the trochanter being in a degree carious. We had then to contend with a compound luxation of the hip-joint, a loss of its appropriate ligaments, a caries of the femur, and this, too, with a constitution wasted by fever. The action of the nervous system not extending to the seat of disease, suppuration produced some tendency to hectic.

At this juncture I requested the assistance of Dr. Flint. I had no precedent in my practice of a case like this; and it was to this gentleman as well as to myself a source of deep solicitude and much reflection. The state of the bone was such as precluded all expectation of restoring the joint; the vitality of the parts was not sufficient to give us hopes of forming a cicatrix if amputation was performed at the joint. If we removed the head of the femur, there would be so large a cavity as to endanger the patient's life from irritative fever. Nor could either my counsel or myself determine, *à priori*, how the lower grade of vitality would affect the case in relation to the consecutive fever. It was finally resolved to remove the head of the bone. The operation was performed by Dr. Flint. A longitudinal incision was made above the trochanter, and the end of the bone elevated and sawed off. The head of the bone is represented in the accompanying cuts.



The patient, during the time, manifested no great excitement. The cavity was covered with stimulating dressings, and the patient's strength sustained with efficient stimulants and tonics; and opium freely administered to allay irritation. Granulations, though slowly formed, at length

have filled up the cavity, and the wound thus made healed nearly sound. After the removal of the bone, the patient suffered less than before from fever. Any source of irritation would cause inflammation of the part, and consequently disturbance of the system; such as pressure by sitting on the part, riding in a carriage, &c. During the time of his confinement there have been extensive sloughing ulcers about the gluteal region and the coccyx, all of which are now nearly or quite healed, and we feel confident of seeing our patient quite well in a short time.

The opening and suppuration of the hip-joint would, under most circumstances, prove fatal. Here not only the head of the femur, but also a portion of the acetabulum, was carious, exfoliated and came away; and yet under these most unpromising circumstances, we have the pleasure of witnessing our patient's recovery.

The case of Mr. Stocks, whether considered in a physiological or pathological view, has been one of a very interesting character, forcibly illustrating the tenacity of life, where the organic functions are unimpaired, even where there has been great loss of power in the nerves of motion and sensation.

JAMES SWAN.

Springfield, January 29, 1840.

REMARKS ON MEASLES, &c.

BY MOORE HOIT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It is undeniably true that many splendid improvements have been made in medical science of late years; but it does not appear that the mortality of diseases has been much diminished. In fact we find that those diseases which were commonly fatal in the hands of physicians a century ago, present nearly the same proportional terminations at the present day; and from diseases not necessarily fatal, nearly the same number die now as formerly. There may be, perhaps, a few diseases instanced, smallpox for one, which are gratifying exceptions to the above; but of the aggregate of diseases and of deaths, I believe the remark will hold good. Now besides the actual discoveries that have been made in medical science, the number of practitioners has so increased as to bring its benefits within the reach of all, and we ought to expect, in diseases at least not necessarily fatal, a different result. Under this view of the case, we must come to the conclusion that our art, though frequently beneficial, is still often powerless, and, it may be, sometimes prejudicial.

There might be many causes assigned for this latter unhappy result, the most prominent among which, I fancy, would be found, ignorance or neglect of scientific rules among practitioners. But I wish to introduce to the notice of the profession another, which I would designate as a too close adherence to the rules of art, or to those precepts which are so called. The competition that necessarily exists among such a multitude of medical men, induces them to strive for the character of individual excellence, and some of them in such a manner as to preclude the idea that certain desirable results can be attained through any other

agency than that which they exercise—and to sustain this idea something must be done; the lancet must be unsheathed—the potion administered—in short, the patient must be “doctored,” and that in a very peculiar manner. Such men are always jealous of dame nature, and contemptuously reject any aid which she may offer. But there are certain mysterious operations of nature displayed in disease as well as in health; and a proper appreciation of finite wisdom seems to require that we should be cautious in interfering with laws that we do not understand, but which we know emanate from “Him who laid the foundations of the earth,” however unphilosophical the suggestion may appear in the estimation of those who would be “wise above what is written” in the great book of nature.

In order to set this subject in as clear a light as possible, the following remarks upon measles are offered, because the disease is of a remarkably definite, and generally of a mild character. Why is it not always so? It is always produced by the same cause, always recognized by, and therefore always consists of the same phenomena. In my opinion the reason for any other than a favorable termination of this disease is to be sought in the uncalled-for and impertinent interference of art. Dr. Good, in his remarks upon measles, says, “In its ordinary course measles is a disease unaccompanied with danger. The fever * * * is necessary to a certain extent for the purpose of throwing the virus upon the surface * * * *. But a small degree of pyretic action is sufficient, * * * * for if this be exceeded, the natural means of cure itself becomes the disease rather than the morbid condition it is intended to remove, * * * * and hence our attention is to be mainly directed to the fever itself, for by diminishing the fever, we diminish the eruption also.” I will not stop to inquire what good the learned author expected to do by diminishing the eruption, but merely observe that the above quotation pretty fairly states the opinions of the profession generally, if we may be allowed to judge from their practice.

It will be admitted by all, that measles is a disease that cannot be cured; it will also be admitted, I think, that it is a disease, of the cause, or the intrinsic nature of which, we know nothing, excepting that it is made up of a succession of phenomena peculiar to itself, the ultimate tendency of which is to a favorable termination. We see that it is governed by laws exclusively its own; but why the eruption should follow the pyretic symptoms after a certain time, or why it should appear at all, we know no more than why there should be chills, headache, cough, and watery eyes, a certain time after the patient has been exposed to a case of the same disease. We might with just as much propriety say that the cough causes the pyretic symptoms, as that these produce the eruption. That there is a close connection between them, and that safety consists in the relative perfection of all these circumstances, we know by observation, not theory. This being the case, it appears to me to be the height of presumption to attempt to influence, by artificial means, a law of nature of which we know nothing but that it has a salutary tendency. Would Dr. Good, or will any other physician, attempt to lay down rules by which we may know the proper degree of

the pyretic state? Does the pulse show a uniformity of strength and action in all cases where the pyretic symptoms are not excessive? Is the chill, the cough, the pain, the same in all such cases? Every man who has been familiar with measles knows it is not the case. In some cases all the preceding stages are comparatively slight, but the eruption perfect; in others the pyretic and other symptoms quite severe; but the eruption neither more nor less than it should be. Again, if we undertake to influence a law of nature, we ought to have the power to stop its operations altogether, or to direct them at will. Have we that power in any case? Take Dr. Good's assertion, that "a small degree of pyretic action is sufficient to throw the virus upon the surface," as correct, and let a case be presented in which, in our opinion, the pyrexia is excessive; can we diminish that power of propulsion to the surface with confidence that it will not still be sufficient to propel the virus to the already diseased pulmonary surface, and there institute an anomalous disease that we may not be able to control?

Again, Dr. Good says, "an emetic is *always useful* on the incursion of the disease; and *should be succeeded by cooling aperients* and demulcents, the skin being kept moist and its heat subdued by mild diaphoretics." The doctor surely does not mean to cure measles by "mild diaphoretics;" he means only to relieve—to diminish the pyrexia, for the important ultimate purpose of diminishing the eruption, forsooth. Now it appears to me that if we do not take a disease out of the hands of nature at once, our means of relief, if we will use them, ought at least to be in conformity with the laws governing it. If we find an irritating substance in the stomach, we aid that organ in its efforts to discharge it. In tenesmus we assist the rectum to deject the scybala which excite the painful effort. In fever from suppressed perspiration, and in fever from that cause alone, we attempt relief by "keeping the skin moist and subduing its heat by mild diaphoretics." In all these cases we recognize the inefficient efforts of nature to accomplish certain objects, and we direct ours, and generally with success, to aid, not to change or thwart them. Now as it regards "cooling aperients," I have to observe that measles is a disease generally attended with constipation, and that this, taken in its connection, is not to be regarded as a morbid symptom, because it is a common attendant upon a certain process, the accomplishment of which leaves the system in health. If it is a natural or common condition, we ought to believe it (in the absence of proof to the contrary) necessary to the perfection of the disease in all its parts, and on such perfection rests the patient's safety. From the close sympathy existing between the skin and intestinal canal, medicines acting on the latter will powerfully diminish any tendency to the establishment of disease on the former—and in such diseases as smallpox, where there is a tendency to a destructive inflammation of the skin, "cooling aperients" may be proper and useful; but in the disease under consideration, where the affection of the skin is an affair of no moment, but where, in connection with an insufficient cutaneous affection, we find serious and perhaps uncontrollable disease of a vital organ, I think we ought to pause before we give our "cooling aperients." In a large ma-

jority of the cases I have attended, there have been but one or two alvine evacuations during the six days included between the chill and the completion of the eruption. My experience in this disease has led me to form the following opinions.

1st. As the phenomena constituting measles do not admit of cure, neither do they permit attempts at alleviation with impunity, as such attempts must necessarily affect their character, and of course more or less interfere with the proper development of the subsequent stages.

2d. That previously existing disease, or predisposition to disease, either general or local, is not aggravated by the action of natural measles, this action being specific and incapable of assimilating with any other morbid action.

3d. That no standard of arterial action established in other diseases can be applied to measles as a test of the morbid condition, as different grades of action are requisite in different cases, for the proper development of the peculiar phenomena.

4th. That measles require a mild atmosphere and the most perfect protection from all changes of temperature, and complete exemption from all kinds of medicine—because the peculiar action in this disease is easily perverted by impressions incompatible with its nature; and being perverted, disease of a new, and often of a fatal character is the consequence.

5th. That the liberty some practitioners allow themselves of regulating the symptoms in this disease, by “mild” or other means, if not the cause of evil, can in no case be productive of good effects—because, as none understand the proximate cause or the laws which regulate the succession of symptoms, no one can know the natural modifications of them which may be necessary in different constitutions to accomplish the ultimate purpose of the train of morbid actions, and therefore can have no specific or well-defined object in view to govern his prescription.

6th. That subsequent diseases, such as ophthalmia, pneumonia, &c., are never the consequences of natural measles.

Were it not for the fear of exceeding the limits of this paper, I should be tempted to extend the discussion of the principles of non-intervention to some other diseases, in which more is often attempted in the way of cure than is either beneficial to the patient or creditable to medical philosophy. I am satisfied that the number of cases of disease that would recover if left to themselves, or, in other words, protected by professional skill from all foreign causes of aggravation, ought to bear a much larger proportion to the whole number of cases than the profession generally have been disposed to believe. The knowledge of this fact has been adroitly appropriated and made the frame work of a new wonder in medical romance, and we hear of homœopathic cures effected by the 30th dilution of an atom of medicine, in all diseases, from cholera down to crepitus. But physicians should be above such subornation of testimony, and scorn to ascribe to the agency of art, results evidently produced by the operations of nature alone. Were they but thus true to their science and to themselves, quackery would soon lose its foothold,

and Brandrethism, Thomsonism, Hahnemannism, and animal magnetism, quickly find their common level—

“Where all the kindred of the Capulets lie.”

New York, March 6th, 1840.

MEDICAL REMINISCENCES.—NO. VI.

[Communicated for the Boston Medical and Surgical Journal.]

ANOTHER of the distinguished medical men of this time, in Connecticut, was DR. SAMUEL MATHER, of Windsor. He was born in or near Boston, about the year 1680, and is supposed to be of the same family of Mathers as the celebrated divines of that name who resided in Boston and the towns in the vicinity. Dr. Mather was graduated at Harvard University in the year 1698, and received the degree of Master of Arts some time after. He studied his profession with Dr. Hooker, of Hartford, and received a license to practise medicine from the Legislature of the State! He was the cotemporary and intimate friend of Elliott, and greatly distinguished as a scholar and physician. He died in the year 1743, aged 63 years. No man at the time stood so high in public confidence, or had so extensive a medical practice in the State, as Dr. Mather. He visited every section of country, in a circuit of forty or fifty miles, as a counsellor, and was as greatly venerated for many excellent virtues, as for science and skill as a physician. He left a number of descendants; amongst others, Dr. Samuel Mather, of Westfield, in this State, it is believed, was his son; and Dr. Charles Mather, formerly of Windsor, and more recently of the city of Hartford, a distinguished and successful accoucher, was his grandson. Dr. Charles Mather died in Hartford in 1822, at the age of 80 years.

Not less distinguished than the preceding, was DR. ALEXANDER WOLCOTT, son of Gov. Roger Wolcott, the first celebrated name of a long list of eminent men who adorned every department of the government of the State for more than a century, and whose rise from the loom to the governmental chair, was by the force of talents of the highest order, combined with enterprise and public spirit rarely united in one individual.

Dr. Alexander Wolcott was born in Windsor, Ct., January 7th, 1712. He entered Yale College at the age of 11 years. He continued but a short time on account of his youth, and again entered when *seventeen*, and graduated in the year 1731, and took his second degree in the year 1738, at the same institution. He studied his profession with Dr. Laughlin McLean, of Hartford, but acknowledged himself most indebted to Dr. Morrison for knowledge of the principles of his profession, and such information as gave him advantages for obtaining that eminence as a physician to which he afterwards attained.

He first settled in Wallingford, in his native State, where he continued eight or ten years. He then moved to Windsor, his native town, where he lived to advanced age, highly respected for his talents, learn-

ing, and skill in his profession. In that day there were comparatively few educated physicians. Those who had the advantages of Dr. Wolcott, with his talents and discrimination combined, had an excellent opportunity for arriving at eminence. He was consulted from every part of the State, and from an extensive district in Massachusetts, and has left a name in an extensive circuit of country for great wisdom and usefulness in the practice of his profession. His recipes were frequently met with in the hands of those who had been healed by them, or their descendants, and were held sacred, and as evidences of skill and knowledge little less than deified. Dr. Wolcott died March 5th, 1795, at the advanced age of 84. He left a numerous family, many individuals of which were distinguished for talents, learning and enterprise.

Dr. Wolcott possessed a powerful, active mind, was a thorough scholar in his profession, and hardly less so in theology, in which department of learning he was said to be a fearful and able controversialist. Not believing fully in the doctrines of the divines of that day, he is represented as giving them no little trouble by the severity of his criticisms, and the force of his arguments against them. The following anecdote is told of him. The Rev. Mr. H——, his clergyman, had advanced doctrines from his desk which did not accord with the doctor's views; on the next day they met on horseback, on the long bridge, near the church in that village. The doctor stopped his horse and commenced his "argument." The clergyman said he was in a hurry and could not hear him, and put spurs to his horse. The doctor followed, and Mr. H. increased his speed. The doctor was not to be escaped from; they rode through the long street, their horses at the top of their speed, the doctor enforcing his arguments and the minister his beast's, to the no small amusement of numerous spectators attracted by so novel a spectacle. The doctor declared that he would follow him to the ends of the earth, but he would be heard.

As a politician Dr. Wolcott had also a high reputation. He was frequently a member of the Legislature of the State, and was said to possess great power of eloquence, and an enviable influence in the government. Upon the death of his father, Gov. Roger Wolcott, the Legislature, then in session at Hartford, sent a committee to the residence of the family, to express to them their sense of the loss which the State had sustained by the death of that eminent individual, who was no less distinguished by exalted worth as a man, than by eminent abilities and most valuable services as a statesman. To the address of the committee Dr. Wolcott replied in an extempore speech of great length, replete with good sense, fine feelings, correct sentiments and commanding eloquence, which was the theme of universal praise with all who heard it.

Dr. Wolcott married a Miss Atwater, of New Haven, an only child of wealthy parents, by whom he had a numerous family.

The brothers of Dr. Wolcott were no less distinguished than himself for abilities and distinguished public services. Of these Erastus was for a long time one of the judges of the Supreme Court of the State; another, Oliver, was a physician, and afterwards Governor. A son of Oliver was also the late Gov. Wolcott, of Connecticut. Two other sons

of Dr. Wolcott were physicians ; Dr. Simon Wolcott, of New London, and Dr. Christopher Wolcott, of Windsor (who occupied the residence which formerly belonged to the father), both of whom were distinguished as men of science and eminence in the profession. Alexander Wolcott, Esq., late Collector of the Port of Middletown, Ct., a man of vigorous intellect, who was greatly distinguished in Connecticut as a leading and active politician for many years ; and Geo. Wolcott, Esq., an officer in the Government and an able and worthy man, were the sons of Dr. Alexander Wolcott, of whose life we have here given a brief notice.

Dr. Wolcott is said to have been somewhat dissolute in his early life ; but he afterwards reformed, and his character stood fair and without reproach for morality and a good example for many years of his active and declining life.

S. B. W.

February, 1840.

TOBACCO IN DROPSY.

[Communicated for the Boston Medical and Surgical Journal.]

DROPSY is a disease well known to the medical faculty to be formidable, dangerous, and often fatal. Any remedy, therefore, which increases our means of combating such a malady, deserves the consideration of practitioners. Two cases in which tobacco seemed to have a powerful effect have come within my knowledge.

A young woman was affected with abdominal dropsy, *ascites*, and after using the usual routine of remedies, a moistened tobacco leaf was applied over the epigastrium and kept on until it produced nausea and a disposition to faintness. The application was immediately followed by a profuse discharge of urine and the disappearance of the dropsical symptoms. After waiting a few days the water re-accumulated in the abdomen. The same means were used with the same results, to the third or fourth time, and a permanent cure followed. The woman is now in good health. This is a domestic practice, but not the less worthy, on that account, of receiving the confidence of physicians, if it should, upon further trial, seem to deserve it.

The second case was that of an old man, about 80 years of age, who had been healthy, but in the habit of making rather too free a use of spirituous drinks. About the first of December last, he was seized with the ordinary symptoms of pleuritis, and in my absence from home was treated by another physician by copious bleeding, &c., with apparent relief. Cough and difficulty of breathing, especially in the horizontal position, remained, however, which were soon afterwards followed by symptoms of general dropsy. In this state I was again sent for. The patient was unable to lie down, passed restless and sleepless nights, and when in the horizontal position was threatened with immediate suffocation. There was evident fluctuation in the abdomen, general anasarca, and tenderness and enlargement of the liver. I considered his case nearly hopeless. After using calomel, squills, cream of tartar, blue pill, &c., I directed the tobacco leaf to be applied. It was soon followed

by a profuse discharge by stool and urine, so much so that it alarmed him. The dropsical symptoms soon yielded, and after persevering in the above course for some time, he gradually recovered tolerable health for a man of his age. I omitted to mention that digitalis was not used, on account of his pulse, which was extremely irregular and intermittent; but as the dropsical symptoms disappeared, his pulse became regular, showing that the obstruction was caused by the accumulation of water in the chest.

Tobacco applied in this way, if continued long enough, causes sickness of an overwhelming kind, and I doubt not, if sufficiently persevered in, it would be fatal. But it is a remedy extremely manageable, and the method here used is probably preferable to the tobacco injection, sometimes resorted to in bilious colic and strangulated hernia. It can be immediately and totally removed if alarming symptoms appear, which is not the case with the tobacco injection.

The *rationale* of its action in dropsy, is, probably, by its depressing the action of the heart and extreme vessels, and a consequent rapid absorption of the fluids.

It is hoped that further trials of the remedy will be made; and if they confirm the results in the foregoing cases, we shall have acquired a very valuable curative means.

W. A. G.

Louisa, Va., Feb. 18, 1840.

Treatment of Dysentery.—During the last summer, owing to the great atmospherical heat and dampness, dysentery prevailed to some extent in this part of the country, and in some sections with extraordinary fatality. I am not specially advised of the treatment in the fatal cases, but I pursued a plan with entire success in a considerable practice in the disease. I have long followed the same plan, and generally with good effects. It is simple and easy to put in practice. This plan is of the soothing kind. In recent cases, with a bounding pulse, hot skin, thirst, &c., I draw blood from the arm; but this is not often the case. The worst cases are generally in children, and I have long observed that they do not bear a succession of harsh treatment. The principal internal remedy is calomel, combined with Dover's powder, or with a powder of opium, ipecac. and nitre, using enough of opium to allay pain and tenesmus, and enough of calomel to act occasionally and gently on the bowels. If moderate and often-repeated portions of calomel do not act, I add castor oil. The warm bath, foot bath, diaphoretics, and every means to determine to the surface and correct the secretions of the liver, are highly essential. Leeching, cupping and blistering on the hypogastrium or sacrum, are sometimes useful. Demulcent drinks and a bland diet should be used through the whole course of the disease. Though I use calomel often, and in small doses, I have never produced pytalism.

Though there is nothing new in this practice, it has been, in my hands, very successful.

W. A. G.

NUMEROUS CAVITIES IN THE LUNGS WITHOUT PECTORILOQUY.

JOHN EDWARDS, aged 36, a brewer, in the employ of Messrs. Barclay & Perkins, was admitted into St. Thomas's Hospital, on the 22d of October, under the care of Dr. Robert Williams.

He states that for the last twelve years he has been in the habit of drinking from six to ten pints of porter daily, but enjoyed good health until four months ago, when, after having taken cold, he felt chilly and shivering; had pains in the abdomen and chest, with cough and dyspnoea. He applied at this hospital, and was treated as an out-patient by Dr. Lister, on the antiphlogistic plan, for some time, but not getting better, he was admitted into the house.

On admission the most prominent symptoms were dyspnoea, considerable anasarca of the lower extremities, difficulty of breathing, severe pain in the lower part of the left side of the chest, on taking a deep inspiration, harassing cough, with copious expectoration of a greenish frothy mucus. Pulse 100, soft and compressible; bowels opened three or four times daily; poor appetite, but great thirst; free secretion of urine; cough very troublesome at night, greatly disturbing his sleep, and about two or three in the morning copious perspirations come on, which, he says, run over his face, neck, and upper part of chest, as cold as ice; face very pale, its temperature, with that of the whole surface, being reduced.

Physical Signs.—Voice more resonant than usual between the scapulæ, but as this was not circumscribed, it was ascribed to his emaciation; no marked phenomena on percussion; respiration in upper part of both lungs gave the idea of the bronchial respiration, conveyed to unusual situations by solidified lung; but there was no dulness, on percussion, to strengthen this supposition. In the lower lobes of both lungs there was vesicular murmur; the sound of inspiration shortened; of expiration, much prolonged. Apply a blister to the side. Calomel and opium, of each one grain, thrice a day.

We made no note of the precise length of time he continued this medicine. It afforded much relief. The anasarca went off, probably from his keeping in bed, and the cough and pain were much relieved by the blister. He got up, and was about the ward for two or three days, apparently a good deal better, when he fancied he got fresh cold.

Nov. 4th. Very pale; respiration hurried; pulse 120; distressing cough, and very large expectoration of frothy muco-puriform matter. The most expressive term for the sounds heard on applying the stethoscope over the anterior superior regions of the chest, is that of a very loud *squashing*, but no pectoriloquy could be distinguished by Dr. Williams or any of the gentlemen present. The posterior regions were not examined, on account of the exhausted state of the man. R. Solution of acetate of ammonia, two ℥; comp. spirit of sulphuric æther, one ℥; tinct. of hyoscyamus, half ℥; camphor mixture, one ℥. Thrice a day. A grain of opium night and morning.

He went on gradually getting worse. On the 13th he was cupped to eight ounces, and a mustard cataplasm applied over the chest. On the

14th two grains of calomel were ordered every night, and red wine with sago; but he continued to get worse, the dyspnœa increasing, and he died on the 17th.

Throughout the case the diffused *squashing* was the most remarkable—very different from the circumscribed sound of gargouillement, but no pectoriloquy could be discovered, even just after free expectoration.

A post-mortem examination was made on the 19th; head not examined. Tissue of upper and middle lobes of right lung, and upper lobe of left, perfectly solid. Not very clear whether this solidification arose from tubercular disease or the effects of pneumonia. These lobes contained numerous cavities, irregular in size and shape, varying from the size of a hazel to that of a walnut. Two of the largest, situated in the posterior part of one lobe, filled with pus of healthy character. The walls of most of these cavities were formed by a sort of cyst, resembling partially coagulated albumen; uniform in consistence and thickness; of a greyish color, apparently quite unorganized; friable, easily broken down by the finger. The lower lobes of both lungs crepitant, but so much gorged with bloody serum, probably from commencing decomposition, that no satisfactory observation can be made as to their state. Liver and other abdominal viscera healthy, with the exception of enlargement of some mesenteric glands.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 25, 1840.

CONNECTICUT RETREAT FOR THE INSANE.

HARTFORD, the capital of Connecticut, is full of interest to the stranger, from the unique red mud of its streets to the beautiful edifices which dot the landscape, as well as those celebrated benevolent institutions which have given so much character to the place within the last ten or fifteen years. A medical traveller should by all means make it in his way to devote one day, at least, in visiting the Asylum for the Deaf and Dumb, a most admirably-conducted establishment. The order of the course of instruction, the devotedness of the teachers, and the parental care which the manager of each department exercises towards those confided to his charge, are worthy of the highest commendation. Miss Julia Brace, the deaf, dumb and blind girl, whose history is familiar to the public, still sits in mental darkness, without a knowledge of the past, or a glimpse of the future. To the medical philosopher she is an object of intense interest.

The Retreat for the Insane has a location unsurpassed for beauty. Notwithstanding the dreariness of March, the leafless condition of the trees, and the chills of a damp atmosphere without, everything within wears the aspect of domestic comfort and the effects of the law of kindness, even on the distracted minds of its unfortunate inmates. Since the resignation of Dr. Fuller, the Retreat is placed under the vigilant superintendence of Dr. E. K. Hunt, a gentleman admirably fitted by nature and education for the place. We regret that the doctrine is so universally

popular that it is necessary to have *old* professional men placed in situations of this kind, upon the presumption that a certain amount of medical and worldly wisdom alone appertains to age: as a general rule, such is the fact; but in this country individuals must be specially educated for particular duties and stations. If Dr. Woodward should not accept the invitation of the trustees, and remain at Worcester, where it is for the lasting interest of Massachusetts that he should continue, as the fittest person in the whole country, we should rejoice to hear of Dr. Hunt's elevation to the superintendence of the Retreat. Age, if indispensable, is daily creeping on, and experience, the instrument of power, would be constantly accumulating.

But we only intended to express the peculiar satisfaction derived from a visit to the Retreat, the past week, and to commend it and all who are associated with its administration, to the confidence of the medical profession, and the fostering care of an intelligent public in this and other States.

American Phrenological Journal.—No. 6, of the second volume, is extremely well furnished. Mr. Fowler's analysis of the Quaker's head is one of those resistless arguments in favor of the truth of the science, which would convert a pretty stubborn oppositionist. With regard to the review of Dr. Morton's *Crania Americana*, we don't think much of it. Perhaps it will grow better towards the conclusion, in the next number. Dr. Roget is well disposed of. The fact is, he is enveloped in an impenetrable tissue of prejudice against phrenology and whatever appertains to it, and there is no such thing as impressing him with facts which militate in the least degree against his opinions.

Externals of the Profession in India.—Inspectors, members of the medical board, and superintending surgeons, are required in the East India Company's service to make a very genteel appearance, so far as epaulettes and buttons will contribute to that end. Inspectors must wear a *scarlet coat*, double breasted—having two rows of buttons, ten in each row, at equal distances; slashed flaps on the sleeves and skirt; white lining and turnbacks, and embroidered skirt ornaments. The epaulettes to be of gold, &c. The inspector general of hospitals is to be decked off to look like a brigadier general, having epaulettes of gold, with solid crescents; a sword and baton crossed, surmounted by a crown, embroidered on the strap. Deputy inspectors are tinselled off to look the very beau ideal of medical dandyism.

Functions of the Brain and Spinal Cord.—By another week we shall have read this new work, by Amariah Brigham, M.D., of Hartford, Conn. The title is as follows—viz.: "*An inquiry concerning the diseases and functions of the Brain, Spinal Cord and Nerves*." Notwithstanding the army of writers on the subject, from immemorial time, there is still a broad field and an abundant harvest for future philosophers.

Opium Smoking.—Dr. Sigmond gave a lecture, before the Royal Medicobotanical Society, on opium-eating and its effects. After enumerating the various evils, both bodily and mental, which invariably overtake the

habitual opium-eater, he referred to the practice of smoking opium as carried on to a fearful extent by the Chinese. The way in which they conduct the process is as follows: Having "purified" the opium by maceration in water, and dried it, they place it in the bulb of a pipe with a long tube. They lie on their backs on a couch, with the head elevated, and take in one whiff of the opium smoke, which after retaining for a very short time in the lungs, they expire gently, and in such a manner that it comes out of the eyes and nostrils. The effect is immediate and very great. All the intoxicating influence of opium seems augmented, and some even fall victims to its excess. The injurious influence upon the constitution of the patient is in proportion to its intoxicating power; premature old age, nervous debility, mental and bodily imbecility, are the unfailing lot of the opium-smoker. So fascinating is the influence of this noxious drug, that many would prefer death to exclusion from smoking it. The inhabitants of colder regions do not seem to be influenced by smoking opium to anything like the extent that is observable in eastern countries. —*London Lancet.*

Medical Miscellany.—The Superintendent of the Civil Hospital at the Cape of Good Hope reports, in the India Journal, an account of the patients with scurvy who have come under his treatment. In January and February of last year, 22 such patients were received from English, French and American whale ships. In most of these cases the superintendent found the antiphlogistic plan of treatment most successful.—Of the 55th British Regiment of Foot, stationed at Secunderabad in India, average strength 884, the number of deaths in one year was 141, of which 100 were by dysentery acuta.—A woman in New York, in a fit of jealousy, swallowed two ounces of laudanum, which was so effectually taken off the stomach by a stomach pump, by Dr. Duffee, that she immediately revived and became sensible of the character of the operation.—Dr. Gross's System of Pathological Anatomy sells better than any medical book published in the United States for a long time.—A life of the celebrated Portel, the Sicilian surgeon and philosopher, by the Abby Alessandro Casano, has been received in Boston. As the subject of the memoir is still alive, there will be a chance for a new edition, with additions, some future day.—So many orphan children have died of late at the Farms, an almshouse establishment under the care of the City Council of New York, that the public sentiment is setting strongly against the inhumanity of those whose duty it is to see that they are well taken care of.—A soldier who escaped from confinement, at the Royal Artillery, Woolwich, Eng., recently received the horrible punishment of 100 lashes with a cat o'nine tails—and lived! A negro, at Charleston, S. C., was lately sentenced to receive 200 lashes—a certain number to be given from time to time, till the whole were meted out. Such punishments are shocking to humanity, and carry the mind back to savage barbarity.—Dr. Howe, of Jaffrey, N. H., has invented a truss, which is an uncommonly ingenious contrivance, and will hereafter be more particularly described.—Scarlet fever is prevailing at St. Louis.—A lad died near Schoharie, N. Y., recently, of hydrophobia, produced by the bite of a dog in January last.

DIED,—In Brattleborough, Vt., Dr. Oliver Wright, 32, formerly of Stow, Ms. —In Philadelphia, Dr. Joseph Parish, a distinguished member of the medical profession, 60.

Number of deaths in Boston for the week ending March 21, 39. Males, 18—females, 21. Stillborn, 5. Of consumption, 5—inflammation of the lungs, 1—smallpox, 8—dropsy, 2—old age, 1—intemperance, 1—lung fever, 2—bursting of bloodvessel, 1—paralysis, 2—tumor, 1—infantile, 4—scarlet fever, 2—croup, 2—stoppage in the stomach, 1—debility, 1—disease of the brain, 1—pleurisy, 1—typhous fever, 1.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

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THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

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NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*.

March 11—6m

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1f

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid).

March 18—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII.

WEDNESDAY, APRIL 1, 1840.

No. 8.

LEGAL MEDICINE—POISONING WITH ARSENIC.

ONE of the most interesting medico-legal investigations with which we are acquainted, has been recently held at Paris, in a case of poisoning with arsenic. The application of a profound knowledge of medical science to the detection of crime is triumphantly illustrated in the following details, which we extract from the *Journal des Debats*, December 2d, 1839.—*London Lancet*.

Louis Mercier, the father of several children, one of whom was of weak intellect, espoused a second wife, named Mary Chambelland. The latter was very frequently heard to express her disgust at being compelled to live under the same roof with the idiot boy, whose habits were extremely unclean and revolting. On one occasion the father was heard to say, in reply to some recriminations on the part of his wife, "Never mind, it will soon be over." On the 13th of December last, Mercier purchased an ounce of arsenic at an apothecary's shop. On the 15th, his son Nicholas was seized with vomiting; this continued for several days, and the boy expired on the 22d. No medical aid was demanded; the child was attended by his father and stepmother alone; none of the matters vomited up were recovered.

At the trial of the father, which took place in November last, at the local assizes, the following documents were read by the Attorney General:

1. A report from the medical men who had been ordered to exhume the body fourteen days after death. They discovered acute inflammation, with ulceration in the intestinal canal, and concluded that the deceased, Nicholas Mercier, had been destroyed by some irritant poison.

2. A report from MM. Séne, Pagen and Fleurat, chemists, who had carefully examined the intestinal canal of Mercier without finding the least trace of any poisonous substance.

3. A medico-legal consultation from MM. Orfila, Devergie and Ollivier, showing that the experiments of MM. Séne, &c., had not been pushed far enough, and requesting that the body might be sent to Paris for further examination.

4. A report from MM. Orfila, &c., showing that a certain quantity of arsenic had been extracted from the liver and members of Nicholas Mercier.

5. Two reports from MM. Orfila, Devergie and Leseur; and from MM. Séne, Pagen and Fleurat, showing that no arsenic was contained in the ground where the body of young Mercier had been buried.

After the reading of these reports, M. Orfila declared his opinion that Nicholas Mercier had died from poison, and in support of his opinion stated, at length, the following reasons :

1. Up to January last, chemists were in the habit of merely examining the matters vomited, those found in the intestines and the intestinal canal itself; if they discovered the presence of arsenic, and if the morbid appearances, &c., corresponded, then they concluded the case to be one of poisoning; on the contrary, if they did not find arsenic in the intestinal canal, they simply stated that no poisonous substance was discovered; and, sometimes, when the symptoms and morbid appearances were not in accordance with the idea of poisoning, they spoke very doubtingly of its occurrence or possibility. By the publication of M. Orfila's memoir on arsenic, it has been shown that arsenic may be found in the organic tissue, particularly in the liver, of persons poisoned with that metal, even when no trace of it can be discovered in the digestive canal. M. Orfila's first experiments were confined to dogs, but he had soon opportunities of confirming his opinion by experiments on the human subject. Considerable quantities were found in the flesh and viscera of Soufflard, who poisoned himself with arsenic while on his trial for murder. M. Lorrin poisoned himself with arsenic, and numerous traces were found in his liver. Hence it is well established, that in case of poisoning with arsenic the metal is absorbed, and may be discovered in the tissues, while, by *the same processes*, not a particle of arsenic can be discovered in the same tissues if the person have not taken any arsenical preparation.

2. M. Orfila does not admit, with those physicians who examined the body of Mercier, that the symptoms and morbid appearances, taken together, are sufficient to prove that the deceased met his death from poison; for it is a rule in medical jurisprudence, that such a conclusion should never be drawn unless the poison has been actually demonstrated by chemical means.

With respect to the report of MM. Séne, &c., and the non-discovery of arsenic in the intestinal canal, M. Orfila thinks that the latter-named chemists are not to blame, because the method of experimentation which he (M. Orfila) adopts had not been published at the time of their report.

3. The experiments performed by MM. Orfila, Devergie, &c., demonstrated that the body of Mercier contained arsenic in addition to that which is naturally found in the human body. A certain quantity of the metal was obtained from the liver, limbs, and the putrid fluid of the barrel in which the body was forwarded to Paris. M. Orfila presented this metallic arsenic to the jury on a number of porcelain plates, and with it some arsenic extracted from the carcass of a dog poisoned with arsenious acid. It might, perhaps, be objected, that as the body of the deceased had lain for four months in the ground, some arsenic might have been generated by decomposition; to clear up this point two bodies were exhumed and analysed, but not a trace of arsenic was discovered in them.

4. M. Orfila answered, by anticipation, objections which might be offered to the preceding observations—1. The tests might have contained

arsenic ; they neither did, nor could they have contained a grain of this metal.—2. If the body contain naturally some arsenic, how can it be decided that that found in the body of Mercier was not part of the natural arsenic ? In the normal state, when the liver is treated with nitric acid, it never furnishes arsenic, but the liver of Mercier did.—3. But, perhaps, the earth of the burying ground contained some arsenic, which may have passed into the body by imbibition. At four different times several pounds of the earth, which surrounded the body, were analysed, and on one occasion only was a very slight trace of arsenic discovered, and even here it was necessary to employ boiling sulphuric acid. Besides, bodies buried in grave-yards, which contain a much greater quantity of arsenic than that of *Villery sur-Tisle*, do not contain arsenic.

From these considerations, M. Orfila concluded that Nicholas Mercier died from poisoning with arsenic.

M. Devergie having explained his reasons in a clear manner, expressed a similar opinion.

On the part of the defence, M. Raspail was brought forward to combat the opinions of MM. Orfila and Devergie. From the imperfect manner in which the remarks of M. Raspail are reported in the *Journal des Debats*, we find some difficulty in exactly seizing the objections which he put forward. M. Raspail affirmed, that if the chemists who first examined Mercier's body did not find any arsenic in the intestinal canal, it was because there really was no arsenic there. The examination of the earth surrounding the body was imperfect. Instead of analysing a few pounds, the whole should have been analysed. The spots on the porcelain plate have, indeed, the appearance of arsenic, but nothing proves that they are. Several other substances will afford the same appearance. (Here the President interrupted M. Raspail to ask the name of such substances, but the latter refused to specify them.)

M. Orfila now refuted the objections of M. Raspail, one by one, and concluded by saying, that "if M. Raspail could name a single body, other than arsenic, in which were assembled the four properties mentioned in the report, he would instantly tear his report in pieces and abandon his opinion."

To this M. Raspail replied, that certain volatile oils, mixed with a phosphate, give a yellow precipitate, with the nitrate of silver, similar to that of arsenic. M. Orfila denied this ; besides, arsenic, when treated with nitric acid, gives a brick-red precipitate, and not a yellow one, as M. Raspail affirmed.

After this scientific encounter, MM. Orfila, Devergie, &c., were sent to examine, in presence of M. Raspail, the nature of the spots supposed to be arsenical on the porcelain plate. This was done at the laboratory of the Academy, and on the following day M. Raspail was compelled, although reluctantly, to acknowledge that the spots were arsenical. The father of Nicholas Mercier was, therefore, found guilty of having poisoned his son, and condemned to the galleys for twenty years.

MALFORMATIONS AND INJURIES OF THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

An Extract from a Lecture given by Prof. A. Trowbridge, to the Medical Class of Willoughby University of Lake Erie, 1840.

—— I have recently met with several interesting cases peculiar to females, which are important to the surgeon, because he is called upon to give relief in cases which are noticed but by few writers.

Mr. S. Cooper mentions cases of a similar nature, but passes them over without much pathological or practical explanation. He mentions cases of *membranous formations, forming so as to constitute imperforate vagina*. This is discovered by there being no evacuation from the uterus, at the age when the menses ought to flow, &c. A longitudinal incision is the remedy, which is simple and easily made. Begin the incision just below the meatus urinarius, and carry it downwards towards the rectum. The edges of the divided membrane must be kept apart for several days, with a pledget of lint, piece of sponge, or bougie of wax.

Another affection is a malformation, from the vagina being closed by a hard substance. In some of these cases, there is a fleshy mass uniting the labia, so that there is no opening except near the clitoris, and this only sufficient for the urine to pass. In these cases, incisions made longitudinally through this extra growth, and the removal of some of it, will give relief, and make a passage to the posterior portion of the vagina. This must be kept open with the wax bougie till healing takes place.

There are cases where preternatural membranes form deep in the vagina, and entirely shut up the passage. This may give but little trouble till menstruation distends the parts, and crowds forward this growth and makes it tense. Mr. Cooper says, "The menstrual fluid meeting with this obstruction, may accumulate in the uterus, distend that organ, pass through the Fallopian tubes, become extravasated into the abdomen, and cause death." This preternatural growth may not close the vagina; it may not form so as to prevent copulation or flowing of the menses, and yet be so dense, or indurated, as to retard parturition, or suffer by laceration in that process, or require a division before the birth of the child can take place. Several writers confirm this fact. A similar ligamentous formation takes place sometimes in the healing and cicatrizing process that follows extensive lacerations of the perineum at child-birth.

The external parts may be natural, and the uterus and appendages well formed, and yet the uterus closed at its external orifice by a thick fleshy substance. A case occurred a few years since, about which I was consulted. The girl was 19 years old. She had been healthy from infancy, and apparently well formed. She had pains about the loins and uneasiness around the uterus, at the age of 15. She was treated for retention of menses, by several physicians; small bleedings gave the most relief. A few months previous to my visiting her, symptoms of retained menses were aggravated, with extreme pain in the head and

small of the back, fulness and pressure upon the vaginal canal, and symptomatic fever. Bleeding and other remedies did not relieve. A few days before my seeing her she became confined to her bed, and lay in a comatose state, or entirely insensible.

In consultation, I suggested the possibility of there being some pre-natural difficulty in the case, and made an examination. I found the vagina crowded and distended by a firm tumor, with a smooth surface; no os tinæ or cervix could be discovered. The tumor was evidently the uterus, distended and pressed forward into the vagina, which was free from disease. I pushed into the tumor a broad-pointed lancet, half an inch, as near the part resting on the rectum as I could reach, and several pints of a dark, thick fluid escaped. I enlarged the incision with a bistoury, and inserted a gum-elastic tube, three inches long; directed stimulating enemata, small bleedings if the coma continued, &c.

In three days from this operation, she improved materially in her condition. The discharge continued, with a return of consciousness, and she was every way comfortable, except exhaustion and great debility. She was directed to take wine and tonics. She entirely recovered, and married about one year afterwards. Has enjoyed good health, but has borne no children.

Adhesions of the external labia may take place, owing to injury or excoriation of the parts, or ulceration. In children it may follow the want of cleanliness, or neglect. These affections will produce a contraction of the vagina. No perceptible difficulty attends the female till the marriage state arrives, as the closure is not generally so great as to prevent the escape of secretions from the uterus. The parts must be divided sufficiently, and the interposition of dressings used to prevent a re-union.

Contractions of the vagina some distance from the orifice, with a vesico-vaginal fistula, the result of previous injury in the process of parturition. I have recently seen three cases of this kind. The first was a woman of small size, aged 28. She was delivered, after a tedious labor, of a child, about one year before I visited her. The physician who attended her was present at my visit. He informed me that the process was long and tedious, but he discovered no material injury at the time, though there was swelling and pain for several days after parturition. Ulceration of the vagina and sloughing, and a fistulous opening from the bladder into the vagina, took place in the course of eight days. The unnatural flow of urine continued several weeks. The parts then closed up, the vagina contracted, and the ulceration and discharge of matter ceased. The result was a closing of the sides of the vagina, so that no opening or passage could be discovered. There was a natural discharge of urine, but a suppression of the menses, which occasioned pain. Her attending physician had divided the parts towards the uterus about an inch, and discovered a membranous sac directly before the uterus. On opening it, he found it to be the rectum; feces passed, and continued to do so till I visited her.

On making an examination, I found the whole vagina contracted and narrowed to a small compass, with the rectum adhering to the anterior

surface of the vagina at the median line, and neck of the bladder. The coats of the posterior and lower part of the bladder had been opened by inflammation and suppuration which followed parturition, occasioned, probably, by being pressed upon and over distended by the child's head; this had closed, and with it the rectum, which was distended with fæces during this time, and sacked, so as to come in contact with the ulcerated parts. This state of the parts was easily ascertained by passing the finger into the rectum. As the incision made by the doctor into the rectum, appeared to be nearly closed, or healed, I advised a delay in making any other efforts to relieve her, till that should be perfected.

Another lady, about 33 years old, was similar in every particular. I dissected the parts with the rectum from the urethra and vaginal coat, near the neck of the bladder, and gained a passage into the posterior portion of the vagina, and evacuated a quantity of menstrual secretions. This was thirteen months from the birth of her child. This case is yet under treatment.

The third case was a lady about 38. She was delivered of a child under the following circumstances, about two years before I was consulted. She had a tedious travail and delivery. Several consultations were held, and attempts made with instruments. The process was continued three days, when the expulsion of a dead child took place. Violent inflammation of the vagina and all the surrounding parts followed, with extensive sloughing and ulceration, and the escape of urine and fæces through the vagina in about ten days after. The opening in the rectum closed up in six weeks, but the fistulous opening at the neck of the bladder continued. This opening was immediately behind the termination of the urethra, about an inch in length and on the mesial line. There was no retention of urine in the bladder, but a constant passing off, which produced excoriation of the labial portions. She became again pregnant, and was taken with labor pains, which was the cause of my being called to visit her. I saw her about six hours after they commenced. I found her a short, thick-set woman, full habit, sanguine, of much exercise, and strong muscle.

On examining, per vagina, I found, when her pains subsided, I could introduce my finger into the bladder, through the opening mentioned at the neck. The whole space of the vagina was contracted and narrowed, by a thickening of the inferior aponeurosis of the perineum, with contraction of the sphincter vagina, the transverse perini muscles, and dense cellular tissues which unite the rectum and vagina. The whole parietes of the vagina was thickened and contracted. There was a natural presentation of the head of the child, and dilatation was such that I could discover its gradual descent upon the parts diseased, which were yielding to this process. In 14 hours from the commencement of her pains, everything was gained that could be expected from the natural process. Her pains were continued, and attended with great and constant agony. The ano-cavernous muscle was distended to its utmost, as well as the two anterior ligaments, which were hard and thickened. To deliver her and save the child, I made two incisions laterally from the recto-vaginal septum, liberating all the strictured parts that could be felt by the finger,

impeding the descent of the child's head. She was soon delivered with the vectis. The child remained lifeless for some time, but was finally resuscitated. The woman recovered in the usual time, and has a fine, healthy child. The incisions united, and she is every way well, except the original fistulous opening of the bladder. She has consented to an operation, to unite this, in a few days; and success, I believe, will attend my efforts for that purpose.

Malformation sometimes attends females, in which great derangement in the formation of the vagina and uterus takes place. A lady, aged 32, recently applied to me for advice. She had been married two years. She informed me that she never has had a passage, or vagina, like other females; that she had never menstruated, but had regular pains monthly, about the uterus, and a discharge from the rectum of a dark-colored fluid. She was of large size and muscular appearance.

On examination, I found what she stated was true. The external labia were large. The anterior commissure of the vulva was enlarged. These, with the vestibula and meatus urinarius, were natural, except being larger than usual. The whole space for the vagina was a solid, firm mass of fleshy substance, covering the sphincter muscles of the vulva and rami of the pubis, and crowding asunder the labia. I supposed there was a cavity between this formation and the uterus, or os tincæ and septum at the neck of the bladder, and I proceeded to make an opening by dividing this mass, to establish an aperture for menstrual discharges and other purposes; but on carrying an incision about two inches in the direction of the uterus, I could discover no cavity, cervix, os tincæ, or uterus, but the rectum occupying their place. I desisted from making further attempts.

Mr. Liston, in his *Elements of Surgery*, says, "that cases occur where the uterus and its appendages are wanting." This may be the case with this woman, for none could be found; and if they existed, they were not in their usual place.

Cases occur where, at the birth of a child, the perineum is lacerated extensively, so that a few portions or shreds of the sphincter ani are left. Malformation and ulceration, and firm cicatrices and shrinking of the parts, follow. The size or extent of these lacerations and injuries, with their results, are various; yet all are attended with more or less serious difficulties at a future delivery.

The expulsion of the child is prevented by this stricture and thickening of the parts.

I have been called to consult and assist in several cases of this nature. One terminated in death. This woman had been in labor three days, when I first saw her in consultation with an attending physician. On examining I found a firm stricture and cicatrix formed, which included the ano-cavernous muscle and all the anterior portions of the vagina, preventing dilatation, &c. I was informed, that about three years before, she was delivered of her first child, after a protracted labor, and great injury followed about the perineum. The physician in attendance informed me that he had observed a difficulty in the case, but supposed that time and the use of forceps would overcome it, and produce the

desired result. While we were conversing, the woman expired. Constant and extreme irritation had exhausted the powers of life, and the woman died, probably, for the want of timely incisions and assistance.

I was in consultation, in another case, recently. The patient was a small, delicate woman, who, at the delivery of her first child, received a laceration of the perineum. It was extensive, dividing the skin, the anterior extremity of the sphincter ani, the aponeurosis of the perineum, and the cellular tissues which unite the vagina to the rectum. She suffered much for several months, till a union of the parts took place, and a firm cicatrix formed, which lessened the vaginal cavity. She again became pregnant, and I saw her after she had been in labor three days. She was exhausted, but yet attended with feeble, regular pains. There was a natural presentation of the child, but a fatal impediment to its passage, in an extensive strictured state of all the ano-vaginal portions of the perineum. With a bistoury I made a division of the parts at the recto-vaginal septum, directly to the rectum. Pains soon brought down the head of the child, which distended the parts so much that laceration of the sphincter ani followed the expulsion of the child; this remained open for several weeks, but again united, and resumed its functions. Both the woman and child were happily saved. She has since borne another child, and passed a similar process, excepting the delay in making the incision, which was made laterally, instead of directly to the rectum.

I have said that the size and results of these lacerations are various; and I would further remark, that the strictures and their impediments in the process of parturition can never be fully understood till the parts are distended in that process. In this respect it is similar to strictures found in strangulated hernias. It may exist at the outer ring, in the canal, or at the inner ring, or, as in old hernias, the two openings may be brought together and no canal exist, and all the parts thus united be concerned in forming the stricture.

The strictured portions of the vagina are fully developed when the head of the child distends the parts, and they must be divided where they are discovered. The lateral incision is most safe, and I think ought to be preferred to that made from the median line to the rectum; but in this, as in all cases of surgery, circumstances must have their influence in determining the mode of operating.

A young woman, with her first child, suffered a lengthy and tedious travail. Consultations were had, forceps were used, and a delivery was finally accomplished. The woman complained to her mother and nurse of severe smarting pains in urinating, and much swelling about the vagina, a few days after her delivery. She was told "it was a common occurrence," and she suffered with similar symptoms for several months. At the termination of six months I was consulted in relation to a closed state of the vagina. An examination disclosed the fact of there having been a laceration of the perineal portions, followed by a total closure of the vagina. A union of its sides had taken place, quite to the meatus urinarius, and all this was accomplished without treatment, or even the knowledge of any one. Menstrual

secretions had taken place, and produced much pain by distention, and it was this additional symptom which induced the woman and her friends to have a consultation.

I made an opening by commencing an incision near the meatus, and carrying it upwards and backwards until I gained admission with my finger into the posterior cavity of the uterus, and divided with a bistoury the united parts quite back to the rectum and sphincter ani, liberating the enclosed and strictured parts. A wax bougie was placed to keep the parts asunder, till healthy surfaces formed. She was kept in a recumbent posture, and in six weeks she was restored to soundness, and a sufficient opening maintained to obviate her previous difficulties.

In making these comments and very brief details of cases, I am aware I have entered a field which belongs to the professor of midwifery. But, as the surgeon is generally called on for an opinion, and generally to operate, when operations are necessary, in these and similar cases, and as writers, both on midwifery and surgery, are very deficient in their descriptions and practical remarks on the diseases, derangements, and infirmities of the pelvic and vaginal systems, which so often afflict an interesting portion of the human family, I hope you will not consider this portion of my present lecture destitute of interest; although it may appear as a novel undertaking to make a class of interesting cases in surgery, occurring on parts and tissues which are not noticed by elaborate writers on surgery and midwifery, and, with few exceptions, in no way noticed as existing at all. * * * * *

MEDICAL REMINISCENCES.—NO. VII.

[Communicated for the Boston Medical and Surgical Journal.]

CONTINUING the list of distinguished physicians of Connecticut, in the early period of the last century, the name of DR. BENJAMIN GALE holds a conspicuous place among them. He was a native of Long Island, and was born in 1715. He studied his profession with the celebrated Dr. Elliott, of Killingworth, married his daughter, settled in that town, a cotemporary of that distinguished man while he lived, and successor after his death, where he lived greatly respected for science, medical attainments, and skill in his profession, till the advanced age of 75 years. He died in 1790, twenty-seven years after the death of Dr. Elliot.

Dr. Gale wrote a dissertation on the inoculation of smallpox, which was published at the time, and is referred to by Dr. Wilson Phillip in his treatise on that disease. He also wrote several essays, which were published in the Transactions of the New Haven Medical Society. His reputation in medicine and other sciences was little if at all less distinguished than that of his celebrated preceptor, and he kept up a similar correspondence with literary and scientific men both in Europe and America. He was also a practical and scientific agriculturist, and received a medal from a society in England for the invention of an improved drill plough. He was also a profound student in theology, an

ingenious biblical critic and speculative divine. He wrote a dissertation on the prophecies. He was likewise an active politician, and wrote much for the newspapers and periodical publications of the day. Like Elliot, he must have been a methodical and industrious student, to accomplish so much and do everything so well. (See Thatcher's Medical Biography.)

DR. ELIHU TUDOR, being the pupil of Dr. Gale, and a man of great professional eminence and moral worth, may very properly be named in this connection. Dr. Tudor was the second son of the Rev. Samuel Tudor, of Windsor, Ct., and was born February, 1733. He was the descendant of Owen Tudor, who came from Wales to this country with the puritans, and was one of the first planters of the town of Windsor. His ancestors were of that ancient family of Wáles, one branch of which for some time sat upon the English throne. Dr. Tudor graduated at Yale College in 1750. For four years before his death, he stood first on the catalogue of that venerable institution amongst the living. Next to him stood two other physicians, Dr. Joshua Porter, of Salisbury, and Dr. Elihu Munson, of New Haven; and next after these, the Rev. Dr. Whitney, of Brooklyn, Ct.—all of whom, it is believed, lived to be 90 and upwards. He received the degree of A.M. from Dartmouth College in 1790.

After leaving college, Dr. Tudor was employed in the business of instruction in New Haven, Newport, R. I., and other places. Having a predilection for the medical profession, he commenced study under the tuition of Dr. Gale. At an early period of the war of 1755, he joined the army, attached to the medical department, and continued with it to the close of the war. He was in the expedition that reduced Canada under Gen. Wolfe, in 1759, and was attached to the force that besieged and took the supposed impregnable fortress of Havana, in Cuba, in 1762. At the peace of 1763, he was in England, and continued his attachment to the army; in this connection he was employed in the public hospitals, and improved, with great diligence, these opportunities to increase his knowledge of his profession, and particularly of surgery, the department of which he was most fond and for which he was best fitted. About the year 1767 Dr. Tudor was discharged from the army by his own request, and made a half-pay officer by the British Government. He now returned to his native country, after an absence of ten years, and settled in his native town, where he resided and received his half pay till his death. Dr. Tudor now fixed his residence on his paternal inheritance in East Windsor, and soon went into an extensive practice as a physician and surgeon. He was probably the best educated and most experienced surgeon in the State at that time. In this department his practice was very extensive and eminently successful. He continued to perform capital operations till nearly or quite 80 years of age.

In his moral character, Dr. Tudor was always without reproach. His manners were highly polished and gentlemanly, resulting partly from his early intercourse with polished society, and his connection with the army, but more from the native warmth of a benevolent heart. He

retained his faculties to a great age, and in his latter years his Christian character appeared to much advantage. He was distinguished for extraordinary benevolence and universal good will, was always anxious to do good to others, and never unmindful of the smallest favor received. His decline at the last was gradual, while he sunk without disease under the weight of years. He closed his eyes in peace, like an expiring lamp, March 6th, 1826, aged 93 years. Some account of Dr. Tudor may be found in Thatcher's Medical Biography.

A son of this venerable man, Dr. Edward Tudor, is at present a respectable practitioner of medicine in Burlington, Vt.

Worcester, Feb., 1840.

S. B. W.

FATAL MENORRHAGIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Miss ———, aged 17 years, had been seriously ill, at intervals of about three weeks, since the commencement of her thirteenth year, in consequence of menorrhagia which supervened on her first menstrual secretion or periodical evacuation, which became established at that time, if there was ever any secretion connected with the case, which may be doubted. The evacuation, whether in part a secretion or not, never failed to reduce the patient's strength very much at every subsequent occurrence, and at one time so much exhausted the physical powers as to keep her on the bed for a number of weeks together. Since that time, as before, the state of her general health has not been very good.

Last May I was requested to visit her. I found her about house, but rather more indisposed than usual. On inquiry, I found that she had been "unwell" two or three days, with what, as she supposed, her old periodical difficulty—but had not taken any medicine, because, said she, "I have no faith in it; yet I am afraid that I shall be as bad as I was last fall," the time above mentioned. I told her that she ought to take her chamber and there keep perfectly quiet until she should get better. She accordingly complied with the requisitions, and not only kept as still and quiet as possible, but cheerfully submitted to all my prescriptions, which were rigidly adhered to for more than two weeks, without any suspension of the hæmorrhage, or mitigation of symptoms, which were constant nausea with occasional vomiting, restlessness, and great prostration, with watchfulness; no pain, except occasionally of the head, with more frequent confused feelings in the same; frequent sympathetic febrile excitement after the first week, none before; pulse from 90 to 120; skin constricted and dry; respiration free and easy; bowels constipated, but not obstinate; urine natural in color and quantity. When any medicines lose their well-known specific effects in controlling morbid functions at the onset of a disease, I have observed, as a general rule, that that case has proved obstinate under any treatment. Thus it was in this case; sedatives and antispasmodics were useless. The most

powerful astringents seemed to aggravate the disease. Tonics and stimulants were administered without relief, and even the tampon was, like every other means, not a remedy. The disease from the very commencement seemed to bid defiance to the healing art, either to interrupt its course or even mitigate its effects in the least. Nature, uninfluenced by the interposition of art, seemed to sink under the load of disease, and gradually and silently ebb away.

Autopsy, three hours after death. On opening the abdomen no unusual appearances were discovered, except an effusion of blood from the serous surfaces of all the abdominal viscera. Other appearances normal throughout the system, as far as examined. **HIRAM PARKER.**

Lowell, March 20, 1840.

P. S.—It would be very gratifying to me for your correspondent A. B., who very pathetically says to all physicians, “read Magendie;” who also says, “it is not enough that a physician is able to give beautiful descriptions of pathological phenomena—that he can talk learnedly of effects—if he knows nothing of causes,” to explain the proximate cause of the disease now under consideration, by the theory of Magendie. My request is for information, not for controversy. What I wish to know is, whether the disease was the pathological condition of the blood, or whether it was a congenital defect or physical modification of the organs?
H. P.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 1, 1840.

THE BRAIN, SPINAL CORD AND NERVES.*

FROM remote ages, down to the present time when anatomy is almost as perfectly understood as the machinery of a steam engine, physiologists, with characteristic activity, have attempted an explanation of the functions of these organs—and although the subject has always been considered a difficult one, there has been no want of investigators. It has somehow happened, all this while, however, that no one seems to have been perfectly satisfied with what has been done before him. There is just enough left in an unfinished condition to stimulate others to complete the undertaking; and like exploring a subterranean cavern in search of light, the farther they have gone, the more profound has been the darkness which they were trying to avoid. Dr. Brigham, of Hartford, Ct., is the last champion in the field. Undismayed at the prospect before him, and in exact keeping with the observation just made, he steps into the ring to give his views in the form of an “*inquiry concerning the diseases and functions of the brain, spinal cord and nerves.*” To our apprehension he has succeeded far better than when he wrote on the *Influence of Religion on Health*, a most unlucky subject to write upon in a Christian land, particu-

* An Inquiry concerning the Diseases and Functions of the Brain, Spinal Cord and Nerves. By Amariah Brigham, M.D. New York: Geo. Adlard. 1840. 1 vol., p. 327.

larly when the force of the argument was so directed as to be suspected, at least, of being unfriendly to the cause which leads from earth to heaven.

How much can be accomplished by order in business and economy of time. In the midst of the interruptions pertaining to the practice of medicine, the author of this work is constantly elaborating something to convince the world that he is no idler; and others might follow his example to the profit of their own minds—instructing others as they teach themselves. Of all Dr. Brigham's books, this is destined to have the first rank with medical men: with this assumption, we urgently recommend it to their attentive perusal, being satisfied that it is a safe guide, in which are some new and important views, of great value even to those who imagine themselves the wisest in the domain of the nervous system. Had it been equally convenient to cite more home cases, instead of travelling over the Continent of Europe for them, it would have been more gratifying to an American physician; still, those which were selected as illustrations, are certainly very striking. Under the division *neuralgia*, where *tic douloureux* is described, we unhesitatingly say Dr. Brigham's pathology and treatment should have been given in prolonged chapters, because both are so rational, simple and philosophical.

The book is divided into two parts. The first treats of the study of the structure and functions of the brain, &c. Part second is devoted to the consideration of the diseases of the brain and other parts of the nervous system. As a whole, in the language of the trade, it is a neatly-finished book, of portable dimensions, and cheap enough to be in every medical library, north, south and west.

State Lunatic Hospital.—The seventh report of the Trustees and Superintendent of this excellent institution, so creditable to Massachusetts, is before the public. It comprises an exact account of the disbursement of the Commonwealth's money, and minutely details the expense of whatever was purchased or consumed in the preceding year. All this information is quite necessary, and may serve as a model for others in the management of the fiscal concerns of similar institutions, in places where they have less experience.

But the seventy-seven pages by the hand of Dr. Woodward, constitute the essential part of the pamphlet, and it will be read extensively, as it recommends itself to the attention and sympathy of every man in the community. It shows, in the first place, the progress which is made from year to year in the management of the insane; and it assures us of the fact that this department of medico-moral discipline is constantly improving. It requires, in the character of a superintendent of lunatics, a peculiar combination of powers, wielded under the supervision of a conscience alive to the vast weight of responsibility devolving upon him who is set apart to bring order out of the chaotic materials of a distracted mind. Dr. Woodward is without a rival in this country, and we fervently hope that nothing short of absolute necessity, arising from protracted ill health, will ever divert him from the labors of the hospital in which his professional services are so universally appreciated.

Woman, physiologically considered, &c. &c. &c.—Another treatise, by the same Mr. Walker who wrote on marriage, is now selling, in the vernacular

of the booksellers, very rapidly ; but it is a vile production, and calculated to engender vice, and sow wide and far the seeds of corruption. Under the guise of a medico-physiological examination of women, this vulgar caterer for a depraved taste has concentrated some of the worst and most infamous things in the history of our race. It is rather the picture of a brothel than a chart of the moral feelings and high and holy character of woman, polished and refined by education. We hope the profession will not be gulled into purchasing a book so outrageously vulgar as to be absolutely beneath their notice ; and we trust the new sect of self-styled physiologists in this country, will not degrade themselves by recommending this work, as they did one of the former works of Mr. Walker.

Clarendon Springs, Vt.—Dr. Gallup's pamphlet, of 14 pages, on the character and properties of the mineral springs in the town of Clarendon, three miles east of Whitehall, N. Y., is capitally written, as might be expected from that source. Mr. Hayes, the chemist, of Roxbury, has ascertained, with care, the composition of the water ; and, like all good things, the Clarendon Springs work wonders with sore legs, urinary complaints, inflamed skin, coughs, "*branny scales*," scrofula, dropsy, gonorrhœa, dyspepsia, inveterate sore eyes, &c. &c., to the end of the chapter. The fact is, the water effects too much, and we are therefore inclined to suspect that imagination has had some influence over the minds of the patients.

Dr. Howe's Abdominal Supporter.—Luke Howe, M.D., of Jaffrey, N. H., whose mechanical ingenuity is in keeping with his success in surgery, is the inventor of various instruments of utility in the management of fractured limbs, &c.; and at a spare moment he has devised an abdominal supporter, quite equal to any now before the public, and apparently much less expensive. He seems not at all ambitious to shackle its use by a patent, to enhance the price, but allows any one to manufacture the contrivance whose circumstances render it necessary to resort to art. It is rather difficult to describe the construction, although perfectly simple. In external appearance it resembles Hull's, Chapman's and Dr. Haynes's. Within, on the lower margin, spiral springs are introduced, which press horizontally from the depending edge of the pad, against the bowels, and thus maintain a uniform pressure.

Of late, abdominal supporters have multiplied quite rapidly, and it is now somewhat difficult to decide, by an examination simply, upon the merits of the different kinds. Dr. Haynes, of Concord, seems to have combined as many advantages, in his supporter, as it is possible to concentrate in any one, and it should be better known throughout the country. We have several of them, designed for gratuitous distribution, with a view of testing their utility, and only wait for proper opportunity of fulfilling the wishes of the doctor. Those interested in this department of collateral surgery, are invited to examine the specimens in the care of the editor.

New York Medical and Surgical Society.—About one year ago a circular was received from the Secretary, Dr. Vandervoort, who kindly gave a plan of the Society's scheme for improvement, which commended itself to every intelligent physician. One resolution read thus—"Resolved,

That every member of the medical profession, not resident in the city of New York, who shall transmit to the Society an original paper, shall be entitled to be balloted for as a corresponding member, under the same conditions which apply to candidates for regular membership." We not only hope that the Association flourishes, but also venture to express an opinion that an occasional publication of some of the papers which must necessarily accumulate in one year's time, would vastly promote the prosperity of the Society by creating an interest in its welfare abroad.

New Method of Fumigating.—M. de Clerq has proposed a new method of practising medicinal fumigations, which is very extravagantly praised in a Belgian journal. This method consists in first washing the parts to be fumigated with a solution of nitrate of silver (10 grs. to the oz.), and then fumigating. The medicines which M. de Clerq most commonly employs for the fumigation of old ulcers, &c., are one part of cinnabar, two of balsam of Tolu, and two of aloes. By degrees, as the fumigations are repeated, the parts become coated with a covering which resembles a metallic plate, which has the effect of protecting them from the action of the air, in addition to its intrinsic powers.—*Gaz. Med. de Paris.*

Tasteless form of Ipecacuan.—When it is desirable to administer ipecacuan to refractory children, or to persons to whom the ipecac. wine is odious, as is often the case, the following form will be found to answer: R. Bruised root of ipecac., $\frac{1}{2}$ 3; boiling water, enough to make $1\frac{1}{2}$ 3; lemon syrup, $\frac{1}{2}$ 3. A twelfth part every third hour.—*Dublin Journal.*

Medical Miscellany.—It is estimated that during six months of the last year, nearly 6000 individuals died of smallpox in England, and during the year not less than 60,000 were attacked by the disease in the United Kingdom.—In consequence of the new penny-post system in England, vaccine matter can now be sent to every practitioner in the kingdom almost without expense.—Sir Benjamin Brodie has retired from the office of Surgeon to St. George's Hospital.—Sir Anthony Carlisle is still the senior surgeon of Westminster Hospital, having been elected to the office in 1793; he is now over 70 years of age.—From the report of the Registrar General in England it appears that more people have died during the last year at the ages of 30, 40, 50, 60 and 70, than either one year younger or one year older. The number of deaths at the age of 49 was 915; at the age of 50, 1454; at the age of 51, 816.—Among the European troops stationed at Fort William, in Calcutta, there has existed a temperance society during the three last years. The improvement in health has been manifest. Last year, the admissions to the hospital of members of the Society, was 1 in 25; of the remainder of the regiment, 1 in 11. The deaths in the hospital in 1838 were 22; the average deaths for 14 years previous, nearly 72 a year. In 1837, the spirits drank were 9673 gallons less than the regiment was entitled to draw; and in 1838, 8242 gallons less. The substitute mostly used for spirits, was beer. Liver complaints are represented to have decreased nearly one half.—Our correspondent "M.," in New York State, relates several cases in which the injurious effects of the Thomsonian treatment were apparent, though the particulars do not possess sufficient general interest to justify their publication.

TO CORRESPONDENTS.—Dr. Spofford's communication and other favors are omitted this week for want of room.

Number of deaths in Boston for the week ending March 28, 29. Males, 18—females, 11. Stillborn, 1. Of consumption, 2—infantile, 4—old age, 1—fits, 1—lung fever, 1—scarlet fever, 1—brain fever, 1—inflammation of the lungs, 1—ulcerated liver, 1—croup, 3—feebleness at birth, 1—convulsions, 1—marasmus, 1—pleurisy fever, 1—quinsy, 1—cancer, 1—worms, 1—inflammation of the bowels, 1—paralysis, 1.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. I. BOWDITCH, J. V. C. SMITH, Jan. 29—ephneoptf

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
 In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. J. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12. June 12—1y

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Craue, Esq., near the premises (if by letter, *post paid*). March 18—tf

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 131 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, APRIL 8, 1840.

No. 9.

CHRONIC OPHTHALMIA.

[From Lectures on Diseases of the Eye, by J. WALKER, Esq., Surgeon, Manchester, Eng.]

IN many instances conjunctival inflammation comes on insidiously, is very slow in its progress, and never attains the severity of the acute form of the disease described in the preceding lecture. In others, it may be very active for a short period at first, and then gradually assume a chronic character; and this more particularly if it be not, in the beginning, efficiently treated. Such are instances of chronic ophthalmia, in which the conjunctival inflammation may be protracted through several weeks, or even months. Of this modification of the disease I will now speak.

In chronic ophthalmia the conjunctival vessels appear to be distended and relaxed, and not to be possessed of their natural amount of tonic power. There is usually less irritability about the eye than in the acute variety, although it is often very far from being absent. The eye is watery on exposure to light, or to the cold air; weak, as the patient expresses it. It is fortunate in those cases of chronic ophthalmia which are consequent on the acute form of the disease, if the conjunctiva of the cornea have escaped, for it is very common to find that more or less opacity of this texture has been produced; and should the opacity be seated near the centre of the cornea, there must almost of necessity be some interference with vision.

It is a remarkable fact that the conjunctiva of the lower lid is much more frequently the seat of chronic inflammation than that of the upper. This may probably be accounted for from its greater supply of blood-vessels, for, as before mentioned, in the healthy state, they are much more numerous in this than in any other portion of the conjunctiva. When the chronic inflammatory condition has existed for some time, this portion of the membrane assumes a different aspect. It becomes one entire mass of vessels, and, in some instances, presents a smooth, velvety, and in others an uneven and irregular appearance. Very frequently, also, the redness is peculiarly pale, more particularly in delicate persons.

The object to be kept in view in treating a case of this description, is to restore the weakened vessels from their relaxed and enlarged condition to their normal tone and calibre. How is this object best accomplished? Assuredly not by the use of leeches, blisters and purgatives. At all events, you will but rarely succeed by the employment of these means. I have met with numerous tedious and protracted cases in which cup-

ping, leeching, scarifying, blistering, mercurializing and purging have been fruitlessly had recourse to throughout many weeks and months. Most of these cases have soon got well under what I conceive to be a much better mode of treatment.

In the slighter cases of chronic ophthalmia, I have often known the employment of the sulphate of zinc collyrium, in the proportion of three or four grains of the sulphate to an ounce of water, afford a sufficient stimulus to the relaxed conjunctival vessels. In the more severe and protracted cases, a more effectual treatment is to apply either the sulphate of copper or nitrate of silver in substance, to the conjunctival surface of the lower lid. In addition to this application, the patient may be directed to use, at intervals, a collyrium of some stimulating kind, such as that previously mentioned, or a solution of the sulphate of copper, in the proportion of two or three grains of the sulphate to the ounce of water. The zinc ointment in milder cases, and the red precipitate in those which are more severe, should also be recommended to be applied in the evening, more particularly if the tarsal margins are apt to become agglutinated after sleep, as they sometimes are when the glandular secretion is depraved.

The application of the nitrate of silver in substance is easily made, and is by far the most efficacious remedy I am acquainted with for chronic ophthalmia. Expose the conjunctival surface of the inferior eyelid, by manipulating, as already directed, and then draw the nitrate of silver, pointed like a pencil, *lightly* across it. The portion of conjunctiva touched immediately becomes white, from the tears acting upon the nitrate of silver and producing, it is said, a muriate of silver. The application is always productive of a great increase in the lachrymal discharge, and is very generally followed by a severe smarting or burning sensation, which usually continues from half an hour to three or four hours. At the expiration of that period, the uneasiness subsides, and a decided improvement is soon perceptible in the condition of the eye.

The application of the sulphate of copper in substance, is also frequently productive of beneficial results; and, although much milder in its action than nitrate of silver, this remedy will generally be sufficiently powerful in the slighter cases of chronic conjunctivitis. It is to be applied in the same manner as the nitrate of silver, with this difference, that it should be kept in contact with the conjunctival membrane *for a few seconds*, which the patient will usually bear without much complaining. A small portion of the sulphate appears to be dissolved by the lachrymal fluid, as this fluid is generally perceived to be tinged of a blue color, after the use of this substance.

It is rarely necessary to apply stimulants to the conjunctiva of the superior eyelid, because, in simple conjunctival inflammation, we seldom find that it participates to any considerable extent in the general inflammatory condition of the membrane; and it is the less necessary, as the effect produced by their application to the lower one becomes diffused over the whole conjunctival surface by the winking motions. Indeed, the conjunctiva of the lower lid ought to be the recipient of all the local stimulants employed in chronic ophthalmia. If we prescribe a stimu-

lating lotion or ointment, but little good can be expected to result from its use if this be not brought into actual contact with it; and, as we know how seldom applications of this kind are properly used by patients, there is the greater necessity for the surgeon himself frequently to apply something on which he can depend for producing the proper impression. If the application of stimulant fluids be entrusted to patients or their attendants, strict injunction should be given as to their efficient use. The lower eyelid ought to be depressed and everted, and a camel-hair pencil saturated with the fluid should then be drawn across its conjunctival surface. If an ointment be recommended, it should be first melted, and then applied in the same manner. In milder cases the fluid may be dropped upon the conjunctiva oculi, or the ointment smeared upon the tarsal margins, but neither of these is so effective a mean as the former.

Various objections have been urged against the use of stimulants of every kind, in the treatment of the affection before us; but these I consider to be untenable. By some, for example, it is thought that, where there is already inflammation, such applications must necessarily add to the mischief. It is a well-known fact, however, that substances which, when applied to the healthy structures, cause inflammation, will, when applied to the same structures in a state of inflammation, often remove the inflammatory state. I need but allude to the employment of nitrate of silver in the treatment of erysipelas, of turpentine in that of burns, and the like.

I may mention, also, that many writers of established reputation contend that general treatment will effect everything that is requisite in ophthalmic practice; that we have nothing to do but to bleed, and purge, and mercurialize our patients, and that thus we shall never fail to remedy all the inflammatory conditions observed in the organ of vision. If such a representation were correct, which it is very far from being, still, who would not prefer the more rapid, more efficacious treatment by stimulants, to the slow, disagreeable, and debilitating means, which are comprised in the term "antiphlogistic treatment?" What practitioner can be justified in recommending a patient to be bled, leeches, nauseated and mercurialized, for a case of simple conjunctivitis, when it is certain that a few applications of nitrate of silver or sulphate of copper are all that is required to remove the malady, and that both more expeditiously and more completely? And yet, strange to say, there are authors who strenuously advise the antiphlogistic mode of treatment in this form of disease. Nay, they even declaim, too, against those who recommend the use of stimulants; but they take good care to shut their eyes to the impropriety of needlessly subjecting their patients (often delicate and irritable) to all the evil consequences of profuse bloodletting, salivation, and other similar means.

I have now mentioned the principal local remedies which I consider are required for the successful treatment of chronic conjunctivitis. But if we turn over the pages of authors who have written on ophthalmic surgery, we shall find in them a great number of formulæ for the preparation of various eye-lotions, drops and ointments. A very large pro-

portion of these formulæ, I conceive to be perfectly useless, and some of them even ridiculous, from the substances prescribed in them being either inert or incompatible in their chemical or physiological properties, or in both. I think that all the really valuable applications are few in number, and may be divided into two kinds, viz., stimulants and sedatives. In the former class may be placed more particularly the nitrate of silver and sulphate of copper, either in substance, solution, or as ointment, alum, sulphate of zinc, and oxymuriate of mercury in solution, and the red precipitate, zinc and citrine ointments. It would be difficult, indeed, to give any good reason why these should be preferred to many other stimulating substances that might be mentioned. All that can be said is, that these, on the whole, are as suitable as any others, and have the advantage of having been sufficiently tried and found useful, and may therefore be depended upon.

Of sedative applications, those chiefly in use are warm water, decoction of poppies, the solution of super-acetate of lead, infusions of belladonna, opium and hyoscyamus. Sedative applications should be applied merely to the external surface of the palpebræ, whilst stimulants are useless except when brought into contact with the conjunctiva. Sometimes sedatives may be judiciously combined with stimulants, particularly in the more active forms of conjunctivitis, or where the pain or uneasiness is very considerable. Thus, after having applied the nitrate of silver in substance, I frequently recommend the use of one or other of the before-mentioned sedatives.—*London Lancet.*

ANOMALOUS VACCINATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—What I conceive to be an anomalous case of vaccination has recently occurred in my practice, a brief history of which I transmit to you, to be made use of as you may think best.

Five weeks since, in accordance with the direction of our municipal officers, I vaccinated, in connection with about four hundred other individuals, a small male child, the subject of this communication, with *genuine vaccine virus*. Hardly had it been communicated, when a high degree of inflammation pervaded, not only the spot where the quill had penetrated, but the system universally. The quill, which had been recently charged from a healthy arm in the best condition, was inserted at about four o'clock in the afternoon, and the next morning at seven the father requested me to visit his child, remarking, at the same time, that he had been "hot and sore" all night, and that he was at a loss to know "whether to attribute appearances to the vaccination or not." In half an hour I saw the case, and indications were as follows. The arm, for an inch each way from the point of the incision, presented a red, tumefied and angry appearance. There was nothing upon the apex of the tumefaction which bore the least resemblance to the proper pustule usually produced by the vaccine virus, but, on the contrary, nothing more than the speck of epidermis a little darkened under which

the lancet had penetrated. Throughout the general system there was a degree of active inflammatory excitement, seldom equalled in any febrile affection, the pulse being *tense* and *vibratory*, and beating 100 a minute; skin hot and dry; face flushed; tongue furred; appetite gone, and thirst great, the child frequently calling for water, and being very irritable and much vexed if his wants in this respect remained ungratified.

This apparently unpromising state of things yielded almost as suddenly as it had been induced (if, indeed, it had been induced by the vaccination) to a few depleting purgatives, and other remedies, so that at the end of five days the general febrile symptoms had subsided, and I considered my patient convalescent; but the local disease remained with a considerable accession of aggravation. Forty-eight hours from the time of the insertion of the quill, the arm, from the shoulder to the elbow, was tumefied and tender to the touch; and from under an ill-conditioned scab, which still bore no resemblance to the vaccine vesicle, there oozed, in small quantity, a thin, limpid fluid, causing no excoriation of the parts over which it ran.

In this stage of things, I directed the nurse to apply to the arm poultices made of common biscuit and mucilage of linseed. Two days subsequent to their first application, the inflamed surface became much more limited in extent, and instead of the limpid fluid before named, there was a copious secretion of healthy pus, apparently mixed with no impurity. This continued to flow, but constantly diminishing in quantity, for five days, when, owing to some bad adjustment by the nurse of the bandages used to retain the poultice in place, it was found, upon examination two hours after, to compress quite forcibly the orifice through which the pus had escaped. Just below there was every indication of the formation of a formidable abscess. Immediately upon the removal of the compressing bandage, there was an increased discharge, and evidently at the expense of the incipient abscess. This soon diminished to its former amount, and has continued much in the same condition to the present time, a term of nearly five weeks. If at any time other applications than those of poultices have been made, the arm has become more red and angry, and the pulse has indicated an increased degree of vascular excitement.

The child, since the febrile paroxysm at first, has been comfortably well, so far as general health is concerned, and has experienced no great annoyance from the arm, although it has discharged, judging from the appearance of applications, &c., to the amount of half an ounce, each day, of a serous fluid intermixed with pus.

But not a little curious and puzzling, to me at least, is the following circumstance connected with the case. Twenty-five days subsequent to the vaccination, the child, at the time of dressing the arm, having imbued the tip of a finger in the matter which had escaped from it, slightly scratched the face of the nurse, and in consequence there appeared, in proper time, as perfect a pustule as the most fastidious practitioner would ever wish to see produced by vaccine virus.

Now as there has arisen, in this vicinity, considerable discussion relative to the peculiar effects of the vaccinations of 1839-40, I wish to

propose a few questions for any one to answer who may think the subject worthy of consideration.

1st. In view of the facts in the case just spoken of, although there was no *proper vesicle* formed, has the child received the benefit which vaccination is supposed and known to confer?

2d. Is the pustule *usually* produced by the virus the only infallible criterion of the goodness of vaccination?

3d. Have any new phenomena been exhibited by the vaccinations of the past winter? And if not, how shall we account for the excessive virulence with which the vaccine virus has operated in the human system in multitudes of cases in which it has been tried recently?

I am most respectfully, your servant,

Bradford, March 25, 1840.

C. W. SPOFFORD.

MALFORMATION OF THE LIVER, GALL-BLADDER AND BILIARY DUCTS WANTING.

[Communicated for the Boston Medical and Surgical Journal.]

Boston, March 28, 1840. I was requested yesterday to visit, in consultation with Dr. Sumner, a male infant of nine weeks, that labored under the jaundice. At birth the child was large and fat; it remained well for the first week, when emaciation began and continued to the last; there was, however, no diminution of appetite—which was voracious and not easily satiated—to the day before its decease; and, though it had an abundant supply of milk, it did not reject it, as infants generally do at that age. The whole surface is suffused with a citron color, and exquisitely sensitive—the slightest touch giving him excruciating pain; after the evacuation of the meconium, the discharges had been of a milk-white color, sometimes curdled, but for the most part fluid, resembling milk unchanged, with the exception of two different periods, when they had a slight cast of green; the pulse was full and hard.

Treatment.—Dover's powders and calomel, with, occasionally, laxatives of castor oil or magnesia, were the principal remedies that had been employed. Wine of the tartrate of antimony in repeated doses had been given for two or three hours, with the view of producing vomiting, without any other effect than nausea.

Cadaveric Autopsy.—The examination took place at half past 11 o'clock, A. M. The color of the surface the same as yesterday. On opening the body, none of the tissues were tinged with yellow; the superior surface of the right lobe of the liver was of a dark brown color, speckled with dots of a dark hue; the left lobe a light gray, the under surface of a uniformly light red, the anterior margin of a leaden hue; the substance of the liver compact, tough, and of a dull green. The liver was, as usual, furnished with the hepatic artery and vena portæ, but the biliary ducts, as well as the gall-bladder, were wanting. The spleen was firm and tough, and no trace of a spongy texture discernible—the vein was smaller than the artery. The size of the pancreas did not appear to be in proportion to that of the liver; it was des-

titute of a duct, and its aspect similar to that of the capsula renalis. The pericardium contained fluid blood, the quantity judged to be from a half to an ounce; that it was not much, if any, diluted with the water of the pericardium; that it must have been effused, as there was no communication with the chambers of the heart; the whole of the external surface of the right auricle was roughened, and reddened deeply with hyperemia; the rest of the heart was sound. The *intestinum tenue* was destitute of *valvulae conniventes*, except at the commencement of the duodenum. Bruner's and Peyer's glands were not perceptible to the naked eye. The contents of the stomach and intestinal canal resembled white paste—not very tenacious, and were entirely devoid of fetor.

WILLIAM INGALLS.

MEDICAL REMINISCENCES.—NO. VIII.

[Communicated for the Boston Medical and Surgical Journal.]

THE names of Morrison and McLean were hardly more associated in the public mind in the vicinity of the Connecticut river, than were the names of "Perry and Bird" in the western parts of Connecticut.

DR. JOSEPH PERRY was a native of Derby, Ct. He was born in the year 1710. He settled in the town of Woodbury, county of Litchfield, in his native State, where he lived a long life eminently distinguished for many good qualities of head and heart, and particularly for pre-eminent skill in medicine and surgery. To the latter department of his profession he was more particularly devoted, and in it gained high eminence in an extensive district of country. He was said to be a neat and skilful operator, as well as a learned and experienced counsellor. His prescriptions were characterized by great neatness and elegance; and there was a display of learning, as well as the art of combination, in his formularies. Dr. Perry was an intimate friend and companion of Bird, who had great strength of mind, but little of the elegance and gracefulness of manners which characterized Dr. Perry's intercourse with his patients and society. It is said that they often rode whole days together to see each other's patients. Dr. Perry was no less the popular man from the ease and dignity of his manners, than from his learning, experience and judgment in his profession. He was truly an acceptable physician to all his employers. He lived to advanced age, as he died in 1790, aged 80.

Dr. Perry educated three sons to the profession of medicine. Philo, the eldest, graduated at Yale College, studied medicine, but soon exchanged his profession for divinity, was settled in Newtown, Ct., an Episcopal clergyman, and died young. Bennet, his second son, settled in Newtown, and was a respectable physician there many years. He died in 1825, a little advanced of 60 years of age. Nathaniel, the youngest son, was the late Dr. Perry, of Woodbury, who settled on the paternal inheritance, and arrived at distinguished eminence in the circle of his father's practice. He was also more particularly distinguished as a surgeon. He received the honorary degree of Doctor of Medicine

from Yale College in 1817. Dr. Nathaniel Perry was a man of facetious temper, and great pleasantry and humor. He received his education under the care of his father and Dr. Bird, and attended the early course of lectures at Philadelphia, then the only medical school in America. In addition to his professional eminence, Dr. Perry was a politician, and frequently represented his native town in the Legislature; and at the time of his death he was a candidate for still higher honors. For seven years previous to his death he had paroxysms of angina pectoris, of which he predicted he should die suddenly. He fell from his horse while conversing with some friends, and expired instantly, about the year 1820, aged about sixty years.

DR. SETH BIRD was a native of Bethlem, in the State of Connecticut. He was born in 1731. He studied the profession of medicine with the eccentric and celebrated Dr. Samuel Hurlbut, of Berlin, in his native State, and settled in the town of Litchfield, where he continued many years, greatly distinguished for vigor of intellect and depth of sagacity in his profession. Dr. Bird was by nature a philosopher; his mind was characterized by deep thought, close reasoning, patient investigation, and correct judgment; his memory was remarkably retentive. He read much and judiciously in medicine, and his learning was principally confined to his profession. He was very familiar with the works of Boerhaave, having learned their value from his preceptor, who was a great admirer of the writings of that distinguished scholar and physician. Whenever the writings or opinions of his favorite author were assailed by the more modern admirers of Brown, Cullen and Darwin, he would vindicate them with great warmth of feeling and force of argument. Dr. Samuel Hopkins, who was the pupil of Dr. Bird, and long a practitioner with him in the same town, said of him, that he was the greatest physician with whom he ever met; and Dr. Hopkins was himself very celebrated and extensively acquainted with the medical men of his time. Dr. Bird loved his profession, because the investigation of its principles was peculiarly fitted for his genius. He was fond of natural science, especially what related to man in a healthy or diseased state. His prescriptions were simple, and if often inelegant, always well adapted to the symptoms of his case.

In person, Dr. Bird was of middle size, rather corpulent, had dark complexion, dark hair, and great gravity of countenance. He was slow of speech, and apparently labored for utterance. He had a peculiar mode of raising his hand high and slow before he uttered a syllable, which was significant to all his acquaintance that something in point was to be said. His remarks were laconic, pithy, and often severely satirical. He was inclined to be taciturn and silent, but on medical subjects and other devoted branches of study, he would often be servid, interesting and eloquent.

Dr. Bird was the most extensive counsellor of his time in the State, and was remarkable for his punctuality on such occasions. He once reprimanded a young physician for want of punctuality, and remarked to him that, in forty years, he had never made one of his brethren wait for him a moment. This was the more extraordinary, as Dr. Bird lived

in a thinly-settled country, and often rode from thirty to fifty miles in consultation. Dr. Bird was distinguished for hospitality and liberality, but his wife was exceedingly penurious and stingy. The doctor kept many pupils, who sometimes complained to him of the limited fare which they got during his absence. The doctor would aid them in devising schemes to break open her larder and cupboard, and rob her of the delicacies which she had carefully locked away from them, and he would then hear, with great gravity, her complaints of their depredations. It was common fame in all her neighborhood, after her decease, and she survived her husband some years, that having settled every bill against her as soon as presented, she actually sent for the sexton, to know if he would not make some discount for her coffin and grave, on account of her diminutive size, as she was remarkably small.

The eccentricity of Dr. Bird, in this matter, was hardly less singular than that of his wife. His last illness was dropsy, which confined him to his chair for some time, unable to lay down. He had his coffin made some time before his death, and placed beside him continually. A friend inquired of him if it did not make him melancholy to have this closet for his remains constantly before him. He replied, with his significant gesture, "I shall slide into it in a few days." He died in the year 1805, in the 74th year of his age. One only son survived him, the Hon. John Bird, of Troy, N. Y., who erected a handsome monument to the memory of his father.

In the latter years of his life, Dr. Bird became intemperate. It was said that intemperance laid the foundation of his fatal disease. His son, although possessed of an active and vigorous mind, was not remarkably correct in his habits, and died early from dissipation. A short time previous to the death of his father, he made him a long visit. When he returned home, his father wrote him a faithful letter, reprimanding him for his dissipation, and admonishing him to reform. He showed the letter to his clergyman before he sent it, who inquired why he did not talk to his son when with him, rather than write him so soon after his return. With his accustomed gesture, he made this laconic reply, "Paper cannot blush."

S. B. W.

February, 1840.

MORTALITY OF NEW YORK AND LONDON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I find, from a late number of your Journal, and also from the New York Herald, that the number of deaths in New York last year was 7953. It is also stated in the Herald, that official documents show the mortality of London, for last year, to have been 16,685. Assuming the population of New York to be 300,000, and that of London to be 1,500,000, which is probably very near the truth, the mortality of London, to be equal to that of New York, should have been 39,765. In other words, while the mortality of London has been only about 1 in 90, that of New York has been about 1 in 38.

This, I say, is true if the estimates of your Journal and of the New York Herald are to be relied on ; as I doubt not they are. I have the items of the table from the Herald in my possession, which in relation both to New York and London has internal evidence of correctness. But admitting its correctness, how will such a fact agree with the statements of your correspondent respecting the comparative healthiness of the old world ?

W. A. ALCOTT.

[To convince our correspondent that he labors under a most egregious mistake in his statistics of the mortality of London, we copy from official documents the number of deaths for 1838, and for the three first weeks in 1840. The report for 1839 has not yet reached us in an official form. Since the beginning of 1840 a table of mortality has been made out weekly in London by the Registrar General, and there is no longer any difficulty in obtaining correct information respecting the actual mortality of the British metropolis, nor any excuse for catching at unofficial returns which may happen to harmonize with favorite theories. From Jan. 5 to Jan. 11, the number of deaths was 967 ; from Jan. 12 to Jan. 18, 997 ; from Jan. 19 to Jan. 25, 916. With a population of 1,930,000, which is nearly the present number, the deaths through the year, at the above rate, would be about 1 in 38. But the deaths in January are not a fair specimen, as the following remarks by Mr. Farr will show. What is the average value of life there, according to Mr. F.'s estimates ?—ED.]

In the four decennial enumerations, the population of the metropolis was found to increase very uniformly, at the rate of 1.8 per cent. annually. It may be assumed, that the rate of increase has been the same since 1831 ; and that, with the addition of 4 per cent., as a correction for soldiers, sailors, and other persons not enumerated, the population in the metropolitan division will amount, by the middle of 1840, to about 1,955,000. The weekly deaths are nearly 1.52d part of the annual deaths ; divide 1,955,000, therefore, by 52, and the quotient, 37,596, will serve, as the divisor of the weekly deaths, to determine the *annual* rate of mortality prevailing in any given week. The average weekly deaths in 1838, were 1013. If the population had been as numerous as in 1840, the weekly deaths in 1838 would have amounted to 1051 ; and 1051 divided by 37,596 = .028, or a mortality of 2.8 per cent. per annum. . The experience of a *week* in the metropolis is equivalent to the experience of a *year* in a town with a population of 37,596.

The mortality, in the year 1838, appears to have been a near approximation to the average mortality of the metropolis. It was 2.80 per cent. [or 1 in 36] ; while the mortality of the 18 years, 1813–30, as deduced from the parish registers, with a correction for omissions, was 2.84, according to Mr. Edmonds, and 2.93 in the 10 years, 1801–10, according to Mr. Milne, the two best authorities on the subject. The distribution of the deaths at the three periods of life was, also, it would seem, not very different from the average. The *epidemic diseases* vary considerably from year to year.

The ages of the population were unfortunately not enumerated in 1831. To obtain an approximation to the numbers living, at the ages 0—15, 15—60, 60, and upwards—we can, therefore, only take the proportions existing in 1821, which were stated by Mr. Rickman to be, in 10,000 :—

Age	0—15	15—60	60—
Males	3428	6066	506
Females	3045	6371	584
Mean	3237	6218	545

Hence it may be inferred, as the population has increased regularly for many years, that the numbers living in the metropolis, in the middle of the year 1840, will be nearly as follows, at the three ages :—

Age.	Living.	The number living divided by 52.
0—15	632,833	12,170
15—60	1,215,618	23,377
60—	106,549	2,049
All ages	1,955,000	37,596

Divide the weekly *deaths* at the three ages by the corresponding numbers *living*—12,170—23,377,—and 2,049, and the result will represent nearly the annual rate of mortality prevailing in any week of the year 1840.

Annual Rate of Mortality per cent.

Age.	Jan. 5—11, 1840.	(1838.)
0—15	3.3	4.0
15—60	1.4	1.6
60—	11.2	9.7
All ages	2.6	2.8

If the average mortality (1838) be taken as the standard of salubrity, and be represented by 1, the health in the week will be represented by 1.09—of children 1.20, adults 1.14, old people .87.

In Great Britain, including the army, the navy, and registered seamen, the proportion of males to females, in 1831, was 1 : 1.026 ; exclusive of the army, navy, and registered seamen, 1 : 1.062.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1840.

NATIONAL MEDICAL CONVENTION.

It will be recollected that in the ensuing month of May, a national medical convention is to assemble at Philadelphia, for the promotion of medical science. Delegates have been appointed in various places ; but, thus far, in Massachusetts nothing has been done. It is desirable that the State

Medical Society should be represented ; but unless an extra meeting of the Counsellors is soon called, it will be too late, as the annual convention of the members is not held till the last of May, when the business of the National Convention will have been completed. A correspondent suggests that the Boston Medical Association might send a representative, and it is to be hoped that some action will be had on the subject.

Notwithstanding the example of the profession in England, of whose scientific deliberations we read with the deepest interest, there is an apathy in this country, which cannot be accounted for upon any known principles. Enterprising and laborious in everything else, no effort has yet been successful in the organization of a national association, either for the encouragement of the sciences in general, or any one department of useful knowledge in particular. Even at the late convention for revising and remodelling the Pharmacopœia, not a single individual went from the old State of Massachusetts, where it is acknowledged, on all sides, that there is neither a lack of talent nor a want of enterprise in any measure which concerns the welfare of the human race. It is impossible, therefore, to account for this seeming neglect and want of concert in an enterprise of such great importance to the future character, influence and respectability of the brotherhood of medicine.

Dr. Howe's Truss.—This instrument may be understood by a very slight examination. All that is new about it is the combination of a *peculiar* spring with the old-fashioned ratchet wheel, the latter being the regulator of the former, and both together affording the amount of pressure required ; and this can be adjusted by the patient with the most perfect ease while walking or on horseback. The *catch* of the wheel is so constructed that when the pressure is too great, the thumb being applied to the upper end it may be easily raised so as to let the spring retrograde a notch. This is also *new*, or an improvement of the "rag-wheel." The hoop is but a *fulcrum* on which the springs act. It will not irritate the back.

Professor Portal on Hernia.—Through the kind attentions of that miracle of industry and science, Prof. Portal, of Palermo, we have been favored with a complete treatise, in manuscript, on hernia, which would make a pretty compact octavo, of some hundred pages. It is written in the Italian language. Since there are so many standard works on the same subject, it would hardly pay the way to translate our excellent friend's folio sheets into English. The index to Part I. is as follows, viz. : description of the inguinal ring ; different envelopes, &c. ; symptoms and diagnosis of inguinal hernia ; differences between strangulation and incarceration ; pathological circumstances which may complicate strangulation, &c. &c. ; illustrated by many striking cases, of peculiar interest.

Any of our readers or correspondents who would like to exercise their ingenuity and improve their acquaintance with the Italian, are perfectly welcome to the use of the manuscript a sufficient time to complete the translation, when it must be returned, as the whole must ultimately be reshipped to Sicily.

Medical College of the State of South Carolina.—Sixty-three medical students received the degree of M.D. at the commencement of this flourishing institution, on the 19th ult. A gold medal, for the best thesis,

was awarded to Alexis Foster. The subject was phthisis pulmonalis—written in Latin. J. Lawrence Smith also received a gold medal for his dissertation on nitrogen. Drs. Harwood Burt, of Edgefield, and Alex. B. Arnold, of Abbeville, received honorary degrees. Drs. W. B. Stevens, Savannah, and S. C. Kennedy, were admitted ad eundem. Drs. Isaac Branch, of the Vermont Medical College, and W. C. Norris, of Abbeville, were licensed to practise in the State.

As far as heard from, all the medical schools of the South and West are decidedly more prosperous than the old ones in the North. Of 193 who attended lectures at Charleston, the present year, 119 of them were new students. It is beginning to be an object to hold a chair where the income is annually increasing. Why the tide sets so strongly towards the new medical seminaries, can only be explained by the supposition that they are really making the most praiseworthy exertions for the benefit of their classes.

Progress of Dietetics.—A gentleman of this city, who has long been devoted to the dissemination of those new-fangled doctrines appropriately called the starvation system, which is extremely popular with many who know nothing of its evil tendencies, is about visiting the Oberlin Institute, in Ohio, for the express purpose of instructing the faculty, we understand, in the genuine process of eating and drinking, according to the most approved vagaries of the radical dietetic philosophers of New England—who, as Sir William Blackstone expresses it, are *doli capaces*. If there are two hundred pupils in that institution, as represented, and they are put upon a vapid and exclusive aliment of squash custards, stewed peas and rye puddings, the insane hospitals of the far west may ultimately rely on having an accession of patients, singularly hallucinated. Without any disposition to re-discuss the worn-out subject of the injurious effects produced on the bodies and minds of rational beings by confining them exclusively to vegetables, in this climate—after having subsisted for years, as man was obviously designed, from his physical organization, to do, on a portion of animal food—we unhesitatingly predict that when the novelty of the revolution has passed away, the students of the Oberlin Institute will return again to the abomination of beef steaks and their wholesome table accompaniments—the tangible evidences of civilization, as they are the foundation of individual health. When reformers become monomaniacal, fancying that the very existence of the race incontestably depends on a servile adherence to doctrines which have been refuted by experience, and are ascertained by the common sense of mankind to be destructive as well as ridiculous, they should not be irritated by opposition, but kindly persuaded to abandon the pursuit of a phantom. At this boasted period, however, of light and science, when the instructors of an incorporated institution, ostensibly devoted to the cultivation of the intellect and moral feelings of youth, begin to dabble officially in rice porridge and water gruel, they at once transcend the powers delegated by the Legislature, and contemptuously degrade themselves in the estimation of all persons not absolutely *non compos mentis*.

Vaccination and re-vaccination.—Copenhagen is extremely subject to epidemic diseases, and, during the last few years, to smallpox. From the various observations which he has made during these epidemic attacks,

Professor Otto concludes, 1. That the vaccine virus has lost nothing of its original force. 2. That a child cannot be vaccinated too soon after birth. 3. That the protective influence of the vaccine virus gradually diminishes with time; in some, perhaps in the greater part of those vaccinated, it is lost after a certain lapse of years. 4. The nature of the cicatrix does not enable us to determine how far the disease will be modified. 5. Smallpox, when it occurs in the vaccinated, is always modified, and the more so, the younger the person is. 6. Regular variola, in the vaccinated, only appeared in persons who had passed the age of fourteen. 7. Out of 10 vaccinated persons who died, none had passed the age of 23. 8. Not a single case of smallpox had, as yet, occurred in the re-vaccinated.—*Rust's Mag. and L'Expérience.*

Watery Solution of Opium in Venereal Excrescences.—M. Venot, of the Venereal Hospital, Bourdeaux, having been disappointed in the various remedies which he had employed for the treatment of venereal vegetations, determined to try the efficacy of the narcotic lotions, recommended by M. Desruelles. His experiments were most successful, and from them he draws the following conclusions:—

1. The solution of opium should be fresh and concentrated, an ounce of water containing at least one drachm and a half of opium.

2. The white dry epidermoid vegetations do not yield so readily.

3. All cases of mucous vegetations, moist warts, condylomata, &c., are almost certainly cured by the watery extract of opium, especially if employed after general treatment.

4. The local action of the remedy is manifested in the following manner: the vegetations dry up, become pale, then yellow, brown, and finally waste away.

5. This action, which is evidently poisonous, may extend to the healthy parts and determine certain accidents, against which the physician must be on his guard.—*Gaz. Med. de Paris.*

Treatment of Chlorosis with the Lactate of Iron.—The lactate of iron has recently been introduced into practice by MM. Gelis and Conté, internes at La Charité. Reflecting on the difficulty of administering the preparations of iron, these gentlemen recommend the use of the lactate in lozenges. This preparation is very soluble, and may be administered in much smaller doses than other preparations of iron—the subcarbonate, for example. M. Bonillaud never gives more than 20 grains in the 24 hours; MM. Andral and Fouquier seldom exceed 12 grains.—*London Lancet.*

Encouragement of Vaccination in France.—At the annual meeting of the Royal Academy of Medicine, in December last, the vaccine prize of 1,500 francs was divided amongst three physicians, and more than 100 gold medals were distributed to those practitioners who had most distinguished themselves by their zeal in the cause of vaccination. This honorable encouragement has not been thrown away. Of 797,782 births in France, during the year 1837, not less than 495,450 children were vaccinated.—*Ibid.*

Lithotomy performed on a Man 71 years of age, by a Surgeon of 84.—M. Souberbielle lately performed the operation of lithotomy on a gentle-

man, 71 years of age, who had labored under symptoms of stone for 18 years. At length he found it necessary to submit to an examination, and was sounded by three surgeons at Versailles, but without any result. As the pains in the region of the bladder continued, he was again sounded by one of the first surgeons in Paris, but no stone was discovered! M. Souberbielle was next consulted; he was fortunate enough to discover the existence of calculi, performed (as he commonly does) the operation *above* the pubis, and extracted from a cyst 45 calculi of various sizes, the largest being as big as a large almond. On the 14th day after the operation the patient was able to ride out in a carriage, and on the 15th dined with his family.—*Bulletin de l'Acad. Roy. de Med.*

Sugar in the Blood and Urine of Diabetic Patients.—M. Muller, of Medebach, has examined the blood and urine of a diabetic patient; from 12 oz. of the former he obtained 1 drachm 5 grs. of sugar, and from 50 oz. of urine not less than 2 oz., 3 drachms and 37 grs.—*Jour. de Chimie.*

Medical Miscellany.—Between fifty and sixty students were in attendance at the Medical College of Vermont, a day or two after the lecture term commenced.—The use of opium is on the increase in England. It is greatly to be apprehended that the same is true of the United States.—Thirty-two physicians of St. Clairsville, Louisiana, and its vicinity, have threatened to refuse medical assistance to any one who shall support the bill before the Legislature of that State, making the disinterment of the dead, for anatomical purposes, a State-prison crime.—Dr. Wm. Black is the surgeon of the store ship Relief, belonging to the exploring expedition, just returned from Rio Janeiro.—Dr. S. Tracy, from Singapore, has arrived at New York, with an ourang outang.—Puerperal fever is represented to have been particularly fatal of late in the New York Almshouse.—Sixty students attending the medical lectures at the University of Transylvania, received the degree of M.D., March 14th; and Dr. Samuel K. Sharpe, of Maysville, Ky., and Dr. John Crowley Williams, of New Orleans, had conferred upon them the honorary degree of Doctor of Medicine. The school is certainly in a prosperous condition.—Two boys were lately emasculated by the Shakers at Whitewater Township, Ohio, which has created considerable disturbance in the neighborhood.—A second number of the Homœopathic Examiner is published—beautifully executed in typography.

TO CORRESPONDENTS.—We shall endeavor to commence, next week, the publication of Dr. Ingalls's paper on the spleen.—Dr. Wilson on the diseases of the pelvic viscera, and the cases of vesico-vaginal fistula by Prof. Mettauer, of tetanus by Dr. Comstock, and of enlarged thymus gland by Dr. Tewksbury, will be inserted as early as space will allow.

MARRIED,—At Barnstable, Mass., Dr. Joseph W. Webster, of South Dennis, to Miss Mary Lothrop.

DIED,—In Albany, N. Y., Ashbel Steele Webster, M.D., 44.—At Wheeling, Va., Joshua Morton, M.D., 45.—In Bath Co., Va., Dr. Washington McCue.

Number of deaths in Boston for the week ending April 4, 23.—Males, 17—females, 11. Stillborn, 7. Of consumption, 5—brain fever, 1—smallpox, 2—jaundice, 1—dropsy on the brain, 1—casualty, 1—inflammation of the brain, 2—drowned, 1—scarlatina, 4—dropsy, 2—inflammation of the bowels, 1—old age, 1—typhous fever, 1—sudden, 1—lung fever, 1—quinsy, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. March.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.			
1 Sun.	31	37	35	29.55	29.50	29.45	N E	Cloudy	Evening, rain.
2 Mon.	35	60	53	29.27	29.30	29.37	N W	Fair	Very warm and pleasant day.
3 Tues.	35	54	48	29.39	29.30	29.24	S W	Fair	Rain at 3 o'clock.
4 Wed.	44	64	59	29.19	28.94	28.89	S W	Fair	Warm day. Evening, thunder & lightning.
5 Thur.	43	58	35	28.79	28.82	28.94	N W	Fair	High wind.
6 Frid.	27	46	45	29.03	28.85	28.84	S W	Fair	High wind. Aurora borealis.
7 Satur.	31	32	33	28.93	28.76	28.90	N W	Fair	Squally. Great change in the weather.
8 Sun.	6	22	31	29.20	29.27	29.14	N W	Fair	
9 Mon.	29	42	43	28.86	28.74	28.77	S W	Fair	Snow and rain A. M. Pleasant P. M.
10 Tues.	33	48	32	28.86	28.76	28.86	S W	Fair	Showery—snow squalls.
11 Wed.	14	22	23	29.07	29.14	29.25	N W	Fair	Very cold.
12 Thur.	17	29	30	29.38	29.38	29.37	N W	Fair	
13 Frid.	23	34	33	29.32	29.33	29.40	N W	Fair	
14 Satur.	26	39	33	29.54	29.56	29.59	N W	Fair	
15 Sun.	22	34	35	29.43	29.31	29.18	S W	Snow	
16 Mon.	29	46	42	29.20	29.24	29.29	N W	Fair	Very pleasant day.
17 Tues.	31	44	39	29.27	29.13	29.16	N E	Snow	From three to four inches of snow fell.
18 Wed.	24	46	44	29.40	29.48	29.48	S W	Fair	Foggy morning.
19 Thur.	30	51	44	29.52	29.53	29.48	S E	Fair	Foggy morn. Rain and snow in the night.
20 Frid.	34	42	44	29.45	29.44	29.45	N E	Cloudy	Morning rain, afternoon fair.
21 Satur.	39	43	34	29.48	29.44	29.44	N W	Fair	High wind.
22 Sun.	22	28	31	29.59	29.68	29.65	N W	Fair	High wind. Pleasant, but cold.
23 Mon.	24	36	34	29.66	29.63	29.61	N E	Fair	
24 Tues.	30	30	29	29.39	29.11	28.90	N E	Snow	Snow commenced at 7; 4 inches fell.
25 Wed.	24	36	32	29.80	28.90	28.97	N W	Fair	Snow squalls.
26 Thur.	21	33	32	29.00	29.08	29.14	N W	Fair	High wind.
27 Frid.	28	47	46	29.40	29.44	29.46	S	Fair	Pleasant day. Sun set in a cloud.
28 Satur.	42	51	46	29.53	29.54	29.50	S E	Cloudy	Foggy morning.
29 Sun.	46	54	52	29.40	29.29	29.29	S W	Rain	Foggy morn. Rain A. M. Clear P. M.
30 Mon.	50	54	54	29.30	28.98	28.89	S E	Rain	Great rain storm; even. thunder & lightning.
31 Tues.	37	41	42	28.86	29.09	29.16	N W	Fair	High wind; snow squalls.

The month of March has had its full share of "March weather"—high winds, flying clouds, squalls of snow, and storms of rain and snow—weather variable—sudden changes. Thermometer ranged from 6 to 64; barometer, from 28.74 to 29.68.

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 721 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*.

March 11—6m

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid).
March 18—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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No. 10.

THE STRUCTURE, FUNCTIONS AND PATHOLOGY OF THE SPLEEN

BY WILLIAM INGALLS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

IN a course of Lectures in Brown University, in which institution I was professor of Anatomy, Surgery and Physiology, prior to the year 1820, in treating of the collatitious viscera of digestion, I considered the liver, pancreas and spleen to be biliary organs; that their cöoperation is indispensably necessary to the production of bile suitable for the purposes of the animal economy; that this position is founded on the similarity of their structural diseases, demonstrable from cadaveric autopsies in the dissecting room and in private practice; that these viscera are sometimes found enlarged and softened, and sometimes shrunk and somewhat hardened; that we have seen them, at the same time, of a proportionate size and scirrhus, on the one hand; and on the other of enormous magnitude—the spleen extending to the right iliac region as far as the anterior and superior spinous process of the ileum, and the anterior margin of the liver descending several inches below the right cartilaginous border of the false ribs in a patient who had never been exposed to the influence of malaria, and therefore it is presumed their size was not the result of vitiated structure, but preternatural or morbid growth; that, in these instances, the uniformity of their dimensions and consistence is sufficient to show their functions all tend to the same issue; that these organic changes are found only in diseases of long standing. I also considered, that the collatitious viscera are biliary organs may be deduced from their functional diseases; that the spleen not only secretes the bitter principle, but is the seat of the intermittent fever; that the liver not only secretes bile, but is the seat of fevers varying in their type according to the tissue affected; that the parenchyma is the seat of bilious fever, and the mucous membrane of the *pori biliarii* is the part of the digestive apparatus on which the virus of the yellow fever in its most malignant form exerts its baleful influence; that the peritoneal coat of this viscus is the seat of hepatitis; that the bilious fever and the intermittent may be reciprocally modified; that when the bilious fever is violent or of long duration, the function of the spleen becomes disturbed, and reacts upon the liver, whence occurs a mixed fever of the nature of the bilious and remittent, and, finally, losing its original character, it degenerates into the intermittent; that when the intermittent is violent, or of long continuance, it may so disorder the functions of the liver as

to produce, in the first place, a bilious remittent, and ultimately a continued bilious fever; that the functions of the liver and pancreas, spleen and stomach, are connected with each other rather through the medium of the circulation, than by the instrumentality of the nerves.

The above positions have received countenance and support from ulterior observations in the anatomy, physiology and pathology of these viscera, as the following quotations will show, particularly with respect to the spleen and liver.

At a recent post-mortem examination, the liver and spleen were of their usual size, but of a lax texture; their convex surfaces were shriveled, of a leaden hue, and thickly studded with small tubercles. No notice was taken of the pancreas, which is the case in by far the greater number of dissections.

"In the fatty transformation of the liver, this viscus and the spleen were found soft." HEYFELDER—*Lancet*. Here, assuredly, no reference is made to the pancreas.

"Malpighi and Kiël suspected the functions of the spleen had relation to the secretion of bile."—*Dictionnaire des Sciences Médicales*.

"Among other symptoms of inflammation of the spleen, jaunisse [ictère] is mentioned."—*Ibid*.

"That the spleen is an auxiliary organ of the liver, and destined to prepare a certain quantity of the blood of the vena portæ."—BICHAT.

Disease of the Liver and Spleen.—"The case of diseased liver and spleen occurs in a little girl, eleven years of age, who is said to have been always ill. The first symptoms observed by the friends were jaundice. At present she has merely an aguish tint of skin, but a yellowness is decidedly observable in the eyes. She is rather thin, but not particularly ill, and goes about. The left lobe of the liver can be particularly felt *indurated*, there being a *sharp* horizontal margin in the left hypochondrium. The spleen is likewise *indurated* and also enlarged, and its edge may be felt *sharp* and hard, and a slight fluctuation may, with care, be discovered. I could not discover any external cause of this disease. She is said never to have had ague, nor any particular disease, nor to have lived where malaria is known. Whether her mother had had ague I do not know; but lately I saw a twin infant with a distinctly enlarged and indurated spleen, which had been born in London, but whose mother some time before had suffered from ague in the country. This infant became pale and emaciated and died, and on opening it I found the spleen enlarged, hard and compact, but otherwise of a healthy appearance. At the examination of the body, the mother mentioned that the other twin was beginning to fall off, and on examining the abdomen it was found that its spleen had begun to enlarge and was indurated, and this child will die of precisely the same complaint as the first." ELLIOTSON—*Lancet*.

In the rapid advances that have been made in the various subjects of medical science, the spleen has not been overlooked; by their investigations modern physiologists have thrown great light on its structure—its functions—its pathology—its connections—its treatment—its uses.

STRUCTURE.—As the spleen lies deeply ensconced in the left hypo-

chondrium, and is in the vicinity of important organs, the symptoms of its maladies are involved in great obscurity; and, therefore, it becomes proper to give a more particular description of its situation and connections, as well as form, than otherwise would be necessary.

This viscus is of a triangular form; according to the observations of Prof. Dupuytren and M. Assollant, its average length is four inches and a half, and its thickness two and a half. "It has three faces, three margins, and two extremities." The external face is smooth and comes in contact with the serous membrane that lines the diaphragm, and is elliptical to conform to the concavity in which it lies; internally there are two faces, the anterior and posterior, each having two depressions, the former corresponding to the cardiac extremity of the stomach, the latter to the kidney and capsula renalis. It has three margins, an anterior, posterior, and internal; the last is the shortest of the three, in which there is a sulcus perforated with foramina for the transmission of branches of the splenic artery and vein, denominated *the fissure of the spleen*; the two former are sometimes notched, particularly the anterior. It has two extremities, the one posterior and inferior, the other anterior and superior; the former is obtuse and thick, the latter acute and thin. The anterior extremity is directed towards the umbilicus, and in an enlargement of the spleen the apex may be felt emerging from the hypochondrium near the extremity of the tenth rib.

The spleen is invested with two membranes, the serous and fibrous. The serous is formed by a reflection of the peritoneum: the ligament, extending from the stomach to the spleen, by which the two organs are connected together, is composed of a duplicature of the peritoneum, the leaves of which, when it approaches the internal margin, separate and are reflected over the viscus, constituting its external coat. Between the leaves is interposed cellular tissue, and between which passes the splenic artery,* sending off the vasa brevia to be distributed to the great extremity of the stomach; it is also attached to the diaphragm by a fold of the peritoneum. The external surface of the outer membrane of this viscus, like other serous surfaces, is smooth, and secretes a lubricating fluid to obviate the effects of friction; the internal surface, through the medium of cellular tissue, is adherent to the external surface of the fibrous membrane.

The fibrous membrane has two surfaces, the external and internal. The external is so closely attached to the inner face of the serous coat, it is difficult to separate them; the internal is contiguous to the substance of the spleen. Processes of this membrane enter the foramina of the fissure, forming sheaths through which the branches of the splenic artery and vein, accompanied with cellular tissue, are transmitted to every part of the spleen; fibrous prolongations are also sent in, from its inner surface, which are expanded into cells; these are filled with a bibulous tomentum of the ultimate, or capillary, ramifications of the splenic vein. It is this substance that renders the mass of the spleen soft and spongy.

The spleen is "highly elastic," and it appears from certain morbid

* The splenic vein and its divisions accompany the artery and its branches.

enlargements that its distensibility is immense; “Cette distension, dans ce cas, est moins l’effet de l’élasticité que l’effet des propriétés vitales.”

This viscus is generally somewhat of the color of blood, varying in intensity in subjects of different ages; it is sometimes of a “deep blue.”

From the experiments made by professional gentlemen in whose ability and fidelity we may repose the utmost confidence, the cellular structure of the spleen may be considered as fully established.

If you inflate, says Malpighi, the spleen of a sheep or a calf and let it dry, and cut it as soon as it is dry, you will find that the whole mass is composed of cells similar to those of the honeycomb.

“Si vous remplites de vent, dit Malpighi, un rate de brebis ou de veau, et que vous la laissiez sèche, et qu’ensuite vous la coupiez aussitôt qu’elle sera sèche, vous trouverez que toute la mass est composée de membranes pleines de cellules semblable à celles qu’on remarque dans les rayons de miel des abeilles.”—*Dictionnaire des Sciences Medicales*.

On the Structure and Functions of the Spleen. By SIR A. COOPER. —“The following is an extract of Sir A. Cooper’s opinions on the structure and use of the spleen; which were delivered by him to the anatomical class, in a lecture upon that viscus.

“After a few preparatory observations on the figure and relative situation of the spleen, Sir A. Cooper proceeded to speak of its structure; he said, that in addition to the partial peritoneal coat covering the spleen, it possessed a proper and peculiar covering, or capsule, which, however, did not merely form a coat to the spleen, but processes of this membrane, which he termed septa, or cords, were sent through its substance, by which means the two surfaces of the covering were united. Sir Astley remarked that this membrane was *highly elastic*, and to this fact he begged particular attention. Proceeding next to speak of the internal structure of the spleen, he said that he considered the opinion of those who contended that the spleen was cellular, was undoubtedly true, and, in confirmation of this, he would appeal to the various preparations of this viscus then before him. The splenic artery, he said, was given off from the cœliac, and after distributing branches to the pancreas, the left side, and cardiac end of the stomach, passes into the substance of the spleen and divides very minutely; the artery does not in itself (said Sir Astley) form the cells, but the branches ramify on the cells. The most curious part of the structure of the spleen, he observed, was in the veins, and here Sir A. exhibited to the class the spleen of an ox, and also of a calf, in which the distribution and the commencement of the veins were well seen. He compared the internal structure of these preparations with a dried preparation of a turtle’s lung, and said that the similarity was so great, that the lung had been laid upon the table by mistake, for a preparation of the spleen. The cells of the spleen, Sir Astley remarked, were formed in the splenic vein, into which the blood is poured from the minute capillary branches of the splenic artery. In order to illustrate the elasticity of the membrane, or proper capsule of the spleen, Sir Astley introduced a pipe into the splenic vein, and then inflated the spleen; it readily admitted of distension, and its size

was much increased, but was immediately emptied by its own elasticity. By means of an injecting syringe he threw water into the veins of a spleen; upon withdrawing the syringe, and holding the viscus in the hand, it was seen to empty itself and resume its original size. The spleen upon which the experiment was shown appeared very small, but it held twenty-four ounces of fluid. These were my playthings, gentlemen (said the worthy baronet, with a good-natured smile), when I was ill in the country last summer, and I will tell you the results of those investigations, or rather the conclusions I have arrived at respecting the use of the spleen; and it is this;—the spleen is an elastic reservoir and manufactory of venous blood.

“Sir A. said the blood was conveyed into the cells formed by the splenic vein, and was there retained until a supply of dark venous blood is demanded for the liver, when, by the elasticity of the investing membrane of the spleen, its contents are propelled. The blood in the splenic vein becomes additionally charged with carbon, and forms dark blood, which is necessary to form bile. Sir A. remarked that the difference between the lungs and spleen was this—that in the former the blood was deprived of its carbon, whilst in the latter it received an additional quantity. In the spleen of the reptile class, and also in birds, he observed, there were vessels in lieu of cells, and it is only in quadrupeds that the cells can be ascertained.

“Sir Astley Cooper next alluded to the hypothesis of Dr. Haighton upon the use of the spleen, which was, that when the stomach was full it pressed upon the spleen, and thus impeding the circulation through that viscus, the blood was more copiously propelled to the arteries of the stomach, in order that a larger quantity of gastric juice might be secreted. Sir A. said if such were the use of the spleen to the stomach, it must also serve for a similar purpose to the pancreas; but he admitted that it remained for further investigation to prove what other offices the spleen performed, in addition to that which he conceived to be its principal use.”—*Lancet*.

Another view of the anatomy of the spleen—which in my opinion does not necessarily militate with its cellular structure—is contained in the following extract.

“M. Andral, Jr., a gentleman well known as one of the first pathologists in France, has lately announced a discovery which he has made, concerning the circulation of the spleen. The splenic artery, at its termination, is perforated with numerous small holes, which pass immediately into the spongy tissue of this organ. A similar structure exists in the veins. These opinions are substantiated by anatomical preparations.”—*Ibid*.

FUNCTION.—One of the offices of the spleen is the secretion of the bitter principle, to effect which the structure of the splenic apparatus, having all the requisites of a secreting organ, seems to be peculiarly adapted. The splenic artery takes its rise from the cœliac, and passes along the posterior margin of the pancreas, until it approaches the spleen, when it divides into several branches, to each of which, after it has entered the substance of this viscus, is appended a cluster of rami-

fications, each cluster having an independent circulation; and while its vessels have a free communication with each other, they do not anastomose with the clusters of the other branches. Each portion of the spleen has likewise its own set of vessels, by which it is supplied with blood, and by which it is exclusively nourished, so that there may be a structural disease of several portions, while the rest are sound.

In the first periods of the formation of the embryo, the rudiment, or rudiments, of the spleen is seen to resemble a clot of blood, which by rubbing between the fingers may be easily crushed, and which gradually acquires consistence until the term of gestation be completed, when traces of organization begin to appear, and in process of time the splenic apparatus is completely formed.*

Each branch of the splenic artery acting independently, will enable us to account for the existence of a number of spleens; because the branches to which are attached several portions of the spleen, when they do not grow *pari passu*, will not coalesce, but remain disunited and constitute separate spleens; and when they do coalesce, their development may be so far incomplete as to leave notches in the circumference of the spleen.

The splenic vein—a branch of the vena portæ—when it approaches the spleen, is divided into several branches, which are transmitted with those of the artery to every part of this viscus. The ultimate branches of the splenic artery are ramified on the cells, while these are filled with the radicles of the vein in the form of minute granulations.†

The precise manner in which the circulation is performed, does not appear to be correctly ascertained. Perhaps, after it has remained in the capillary arteries a sufficient time to have undergone its appropriate changes, the blood exudes through the pores, or, according to the discovery of M. Andral, Jr., “through the holes in the sides of the arteries,” into the cells, to be imbibed by the radicles of the splenic vein. There appears to be no immediate communication of the artery with the vein, as air cannot be forced through the artery into the vein, nor into the cells, nor is it known that it escapes from it; on the other hand, air cannot be forced into the artery by inflating the vein, but, without any unusual effort, the cells are filled with air, and the spleen swells up and is enlarged. By making a puncture through the integuments into the body of the spleen, and inserting a blowpipe, the whole viscus may be inflated. Hence it may be inferred there is a communication between the extremities of the veins and cells, and between the cells themselves.

(To be continued.)

VESICO-VAGINAL FISTULA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In my last letter to you, I am not certain whether I informed you that I had succeeded in relieving a case of vesico-vaginal fistula of most unpromising character. If I have not made such intimation to

you, I will now state, that I operated in August, 1838. The opening had existed three years, was fully as large as half a dollar, and had, at the time I treated it, a large fungous growth protruding from the mucous membrane of the bladder through it, which greatly embarrassed the operation. I was enabled to gain admission to the fistulous opening through a hollow conoidal speculum of proper size and length; through it the operation was executed. The margins at the opening were denuded with curved scissors, using hooks to draw out the portions to be removed. In closing the opening, I employed an instrument similar to the one I constructed for cleft palate, for introducing the ligatures from the vesical surface, and the leaden wire was used as the means of suture. Only one operation was required. Six sutures were introduced; and it was only necessary to tighten them once after the operation. In three weeks the wires were removed, and a firm and perfect union was found to have taken place between the edges of the opening. A short silver tube was kept constantly in the urethra for four weeks. The patient, at the date of this note, is well—nearly two years since the operation was performed.

I should think my case the first one successfully treated in this country, as it preceded Dr. Hayward's nearly a year. Please inform me on this subject, and how many have been treated in the United States. I have two other cases of this disgusting infirmity under treatment, which I think will soon be relieved. Every case cured or relieved should be communicated to the public; as well as of ununited lacerations of the perineum. Indeed, I have thought the newspapers the proper vehicles for such information, as they circulate more extensively, and might in that way present the information to individuals too delicate and modest to make known their situations, believing them incurable; and preferring concealment, and seclusion from society, rather than expose an incurable and disgusting infirmity.

Yours, &c.

Pr. Edw. C. H., Va., March 25, 1840.

JOHN P. METTAUER.

CASE OF TETANUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the night of March 13th, I was called to Erastus Ferguson, aged 16, the hired man of a farmer. Exactly a week before, he had accidentally thrust the tine of a pitchfork through the toe next the little one, of his right foot. For several days after, he complained much of soreness in the wound, and was unable to wear his shoe. He however kept about in the cold weather, with his foot clouted in woollen cloths. The pain, the swelling, the soreness, the tenderness, and almost the entire feeling, had now, however, left the injured part; insomuch, that at my first visit the toe looked pale, shrunk, bloodless, and altogether like that of a dead man. I seized it between my thumb and finger and gave it a smart squeeze, but without his flinching or complaining in the least. And that there was less sensibility in it than in his well toes, I ascertained by giving one of them a like pressure.

The first indication of approaching mischief—i. e. of trismus—in this patient, was similar to what I had before observed in other similar cases, viz., a frequent gaping or yawning; the jaws being primarily threatened, even when they do not lock. This gaping was succeeded by spasms in the stomach, pain in the back part of the head, and cramp in the upper limbs. He had taken, by domestic prescription, one dose of 50 drops of laudanum, and another of 25 drops, before my arrival. I found it necessary, however, to increase the opiate treatment in order to control the pain; and, as in all cases of the kind, falling under my care, local applications, in order to bring back the soreness to the injured part, were not neglected. For this purpose a mixture of tinct. cantharides and oil of turpentine was used, applied on cotton so as to surround the toe. This brought back some degree of sensibility, but the smarting induced was but slight, nor the soreness so great as was wished. Next day, therefore, I resorted to tartar-emetic ointment of quadruple strength. This article, however, entirely failed of producing the least effect whatever; and on the third day I surrounded the toe with empl. cantharides, which I knew to be of first-rate quality, but, strange as it may seem, without producing the least vesication, sensation or redness. I now returned to the first application—tinct. of cantharides and oil of turpentine. Meantime, I found the spasms to yield to pills composed of opium, sugar of lead and camphor, mixed with Peruvian balsam. Nor do I know any formula so much to be depended on in cases of the kind. Indeed, I consider the best musk, or any other articles of the antispasmodic class, as an inferior adjuvant to opium, to these. Still, as the case demanded the most energetic treatment, from its severity and danger, I did not omit the external application to the head, jaws, and region of the stomach, of an article which of late has become a great favorite of mine in nervous and spasmodic affections. This is the *cyanuret of potassium*, in the proportion of from eight to twelve grains to an ounce of water. It is certainly a most noble remedy in nervous headache, and other pains from spasm, especially *tic douloureux*, in which dolorific malady it has done much.

But to return to the case of tetanus. My patient has been now for more than two weeks free from spasms, and is well, except some remaining debility, which the disease has a surprising and rapid tendency to induce. It ought to be noticed, that the bowels from atony, and the constipating effects of the acetate of lead and opium, refused to be moved by common cathartics. Castor oil, combined with the oil of turpentine, which Dr. Dewees thought one of the most certain cathartics, had no effect. But castor oil, combined with calomel, and made into pills with crumb of bread, completely succeeded. Nor do we possess a more stimulating aperient, or one so well adapted to diseases of this class.

What is tetanus? I answer, that traumatic tetanus appears to be a metastasis, from the wound to the head, stomach, limbs and jaws, attended with pain, spasms, sometimes convulsions, and locking of the jaws. These distressing symptoms are to be palliated by the means already noticed; particular attention being paid, at the same time, to

induce action—inflammation and soreness—in the seat of the injury, which is better than even amputating the part, where this is possible.

Cases of tetanus, in my practice, have been few and far between; and as I recollect, have been very rarely related in your interesting *Journal*, to which I have become so much attached that I hail its weekly visits with pleasure. Dr. Thomas, who, some thirty years ago, stood at the head of practical writers, and who had had much experience in tetanus, writes of it thus: "When tetanic affections arise in consequence of a wound, puncture or laceration, they are almost sure to prove fatal, as I never but once met with a recovery under such circumstances, during a very extensive practice and long residence in the West Indies."* Many years past I had a case very similar to the one which I have now detailed, which ended in recovery, with much danger, delay and difficulty—and, as I now think, from my not then having known all the remedial agents which I used in this case, which I have now submitted to your disposal.

JOSEPH COMSTOCK.

Lebanon, Ct., March 30th, 1840.

ENLARGEMENT OF THYMUS GLAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I herewith send you the following extracts from my note-book, relating to a case which some time since came under my observation. Should you think it worthy of notice, you are at liberty to dispose of it as you please.

Respectfully yours,

Oxford, Me., March 30, 1840.

J. M. TEWKSBNRY, M.D.

The subject of the following case, aged 34, by occupation a cooper, of temperate habits, naturally robust constitution, came under my notice about a year before his death. He dates the first commencement of his illness in the autumn of 1836, when he found it difficult to pursue his customary employment in consequence of a sense of fulness in the head and face, occasional dizziness, and difficulty of breathing. His previous health, as ascertained from himself and relatives, had been generally good, except that he had, four or five years before, lung fever, during which and shortly previous to the attack, his face and neck were observed to be much swollen. When he first came under my observation, the following symptoms were present. His first appearance was that of robust health—countenance fresh and full, pulse strong and active—complaints of excessive languor, vertigo, severe paroxysms of palpitation and dyspnœa, especially on making any extra exertion or ascending a hill; inferior extremities greatly emaciated; appetite pretty good; pulse varying in volume and frequency, and at times intermitting; no cough; no established pain in chest; face, neck and integuments of the head have the appearance of being greatly puffed with air; ears and lips at times livid; the superficial veins of neck and right side of the thorax enormously distended; at one time I witnessed some upon the right and

anterior side of the thorax, the calibre of which, in many places, could not have been less than one inch.

The above symptoms continued, with but little alteration, till within about eight weeks of his death, when he had successively repeated attacks of well-characterized pneumonia, which were at first successfully relieved by the usual course of treatment; but they continued to grow more aggravated—profuse bloody and puriform expectoration ensued, and death occurred in April, 1838. It is proper, however, to remark here, that the extreme varicosity of the thoracic and intercostal veins became gradually diminished in the course of the disease, to nearly their normal size.

Post-mortem Examination, thirty-six hours after death. Present, Drs. J. Tewksbury and Millett.—Thorax uncommonly large, percussion ant. flat. In attempting to remove the sternum and cartilages, I found it extremely difficult without the application of considerable force and dissection, in consequence of the firm and unnatural adhesions contracted with the parts underneath. This being detached and turned upward upon the face, our attention was unexpectedly engaged with the almost bony firmness of a large, unyielding tumor, occupying the whole ant. mediastinum. I found it impossible to prosecute the dissection farther, without detaching a portion of the ribs and removing the contents of the thorax entire. The lungs were firmly attached to the pleura costalis throughout the whole cavity, except at the sup. third of right lung. The tumor had displaced the sup. right portion of the left lung, and was so intimately imbedded in its substance, and so firmly attached to the right and ant. face of the heart, that it was impossible, in the short time allowed for the examination, to separate it by dissection; in fact, it appeared gradually to mingle itself with the substance of the lung at this place, so that the lung for some extent presented the firm and indurated nature of the tumor. The descending cava was entirely surrounded by the tumor just before it enters the auricle, and so much contracted as scarcely to admit the finger. On cutting into the right auricle posteriorly, a large protuberance was observed, projecting inwardly from its anterior parietes, of the size and shape of a half English walnut, which being incised, presented the same homogeneous nature of the tumor, and was continuous with its substance, every trace of the intervening wall of the auricle being obliterated. The inferior extremity of the vena azygos was much larger than natural, readily admitting the little finger. Right lung greatly engorged, easily broken when pressed between the fingers. Left lung slightly hepatized at inferior lobe. Bronchia filled with thick, viscid, bloody mucus. Heart somewhat dilated and flaccid. Abdominal organs appeared unimpaired. Contents of the head not examined.

The tumor occupied in length the whole of the sternum, and extended up the neck as far as the thyroid gland. It extended from the sternum backward to the vertebral column, to which it was firmly attached, including in its substance the vessels and bronchia. Beneath the sternum it measured laterally a little more than four inches, its inferior extremity being lobulate and resting against the diaphragm. Ex-

ternally it was firm anteriorly, presenting on incision an indurated or cartilaginous appearance. Internally it was marked throughout with small cavities, containing a semifluid or cream-like pus.

This case excited considerable interest among the practitioners in the vicinity for several months previous to its termination, the patient having consulted many of the most eminent members of the profession. Much speculation also existed in reference to the true nature and diagnosis of the disease. Most, however, from existing symptoms, were ready to conclude upon some organic derangement of the heart or large vessels, and promised him but temporary relief in medicine. Dissection has demonstrated that this opinion was not altogether unfounded. At the time of examination some doubt was also entertained whether the tumor had its origin in the thymus gland. The fact of this gland becoming atrophied naturally in after life, and not unfrequently entirely obliterated, together with its intimate attachments to the heart and lung—presenting the appearance as if it were a growth from these parts—and also the rare notice by authors of enlargement of the thymus gland, especially in adults, could not fail to afford opportunity for some speculation. Yet the circumstance of the inferior extremity being lobulate, and its general resemblance internally to the structure so frequently noticed in the enlarged thymus of children, affords some reason for pronouncing it an enlargement of the thymus gland. One pathological circumstance, worthy of observation in the history of the above case, exists in the varicosity of the thoracic and intercostal veins, and their gradual diminution after the first stages of the disease, in opposition to the bloated and puffed appearance of the face, which continued throughout the whole course of the disease. From this symptom we are led to suppose that the blood in its ordinary course through the sup. cava was impeded by the accumulating pressure of the tumor, and that the blood which naturally flows from the intercostal veins through the vena azygos into the sup. cava, was also obstructed in the first instance, producing thereby the varicose enlargement. Subsequently it formed a retrograde current in the vena azygos, through the inferior vena cava into the auricle.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 15, 1840.

AN INCOMPETENT PROFESSOR.

It seems that Dr. J. B. Flint, the professor of surgery in the Louisville Medical Institute, formerly of this city, has been arraigned before the trustees on a charge of incompetency as a teacher in his department, at the instance of an associate. He survived the trial, however, and those of the faculty most intent on the business of getting their late favorite out of the chair, must have been deeply mortified at their want of success.

There is no slander in saying, openly, that a certain medical despot has

been indulged in his propensity to rule in medical schools quite long enough. No one was ever more devotedly attached to another, than Dr. Flint has been to the man who would now tread him under foot. Probably he dared to say or do something on his own account, and this produced an explosion of that magazine of vengeance which has belched forth every few years, to the manifest terror of those who supposed that it was useless to stand up for rights against such mighty power as unsuppressed vanity, obtrusive self-esteem, and braggadocio effervescence of contempt for every man who does not bow down in worship before the great Æsculapian Moloch of Kentucky.

"Too much praise," says the Louisville Advocate, "cannot be given to the Board of Managers for the faithful and patient manner in which they conducted the investigation; and for the impartial attention they bestowed upon every part of the scrutiny. Their verdict has been ratified by the people, so far as we have heard them speak on the subject. This, always gratifying, must be peculiarly so in this instance.

"The decisions of the Board of Managers upon several questions, connected with the government of the school, are so important in their bearing upon its future prosperity, that we put them on file for future reference. The first is, 'that no professor of the school, nor any number of them, is justified in seeking out a candidate for a chair in the school until a vacancy is announced to the Board of Trustees, nor can any professor be permitted to pledge himself to a gentleman whom he wishes to be a candidate for a chair, that the Board shall be *sounded* before the name is presented, in order to know certainly whether he will be elected.' This we think must cut off much intrigue and management.

"Secondly—'If the members of the medical class shall attempt any rude or indecent behavior to the professors, in the charge of their duty, such members shall be expelled from the Institution, and their infamy published to the world.' This important rule of the managers should be well remembered by the professors and pupils.

"Thirdly—'If any member of the Faculty shall refuse to put his name to the diploma of a young man who has passed his examinations, when directed by the Board of Managers to sign it, his chair shall be vacated.'"

New York Hospital.—From a report made to the Legislature, which is an uncommonly interesting document, on account of the accuracy of its statistical details, we learn that in 1839, *two thousand and forty-one persons received medical and surgical treatment* at the New York Hospital. Of this vast number, 1,402 were cured; 146 relieved; 77 discharged at their own request; 44 discharged as improper objects; 29 eloped, or discharged as disorderly; 169 died; and there remained under medical care, Dec. 30th, 1839, when the report seems to have been made, 174 patients.

In the Bloomingdale Asylum, or Insane Hospital, 113 were admitted during the past year, who, with the 138 left in the institution at the close of 1838, made a total of 251 cases of insanity under medical and moral management in 1839. Of this number, 68 were cured; 32 improved; 11 were discharged at the request of friends; 14 died, and 126 remained at the time of making the report. The whole number of recent cases of insanity discharged during the year, was 62.

After making the above gratifying statements of the success of the two departments, the governors, through their president, make an equally satisfactory exposé of the financial condition of the hospital. They seem to

have a plenty of money, which is spent in the spirit of true benevolence, for the immediate good of the sick poor; comprising the unfortunate of all nations. Drs. Francis U. Johnston, Joseph M. Smith, John B. Beck, and James Macdonald, are the attending physicians. There are also six surgeons, all equally distinguished for success in operative surgery. Dr. Valentine Mott is still a consulting surgeon—although he has not been in the United States for years, nor is he expected back very speedily. Now this is perfectly farcical. Why not make a consulting surgeon of a man who is on the ground?

The entire expenditures of the hospital, in 1839, were \$33,936 54.

In the Asylum, William Wilson, M.D., is the physician, with a salary far below his deserts, as in most other medical offices in this country.

On the whole, all that belongs to the government of the hospital, must meet the approbation of an intelligent, philanthropic community.

Baltimore College of Dental Surgery.—Whether this is the first school of dentistry ever established for the express purpose of public instruction, we know not; but it is certain that the one just chartered by the Legislature of Maryland, is the first in America. A dental faculty has been appointed, and after attending two courses of lectures, &c., the student, provided, as in other cases, he sustains an examination, is to have conferred upon him the degree of *doctor of dental surgery*. The chairs are thus filled: Dr. H. H. Hayden, Professor of *Dental Physiology and Pathology*; Dr. H. W. Baxley, Professor of *Anatomy and Physiology*; Dr. C. A. Harris, Professor of *Practical Dentistry*; and Dr. T. E. Bond, Jr., Professor of *Special Pathology and Therapeutics*.

Medical Testimony.—As a general rule, the singular discrepancies of medical men, before courts of justice, in relating what they consider facts, together with the singular clashing of their opinions upon subjects in which it would seem impossible that there should be any difference of judgment, has long since convinced gentlemen of the law that but little value is to be placed on medical testimony, where any obscurity in the case is admitted to exist. We strongly recommend to our professional brethren to read an article in the 12th No., Vol. 2, of the Law Reporter, edited by P. W. Chandler, Esq., illustrative of these remarks. In Boston there are two law periodicals; viz., the Reporter, and the American Jurist and Law Magazine. The latter is conducted by W. Sumner, L. S. Cushing and G. Hillard, Esqs. Both publications afford profitable reading for the medical profession. Occasional papers on medical jurisprudence appear in them, which should be as familiar to us as to the members of the bar. In a word, we recommend both of these works to the patronage of all practitioners in the New England States, who desire to be competent to answer plain questions before a jury.

Italian Publications.—A large package from Italy was received last week, containing recently written pamphlets on medicine, surgery, &c., together with reports of various institutions. Some of them have the following titles. *Statistica Medica della Real Casa Dei Matti di Palermo*; *Ragguaglio di Un Viaggio Medico fatto in Toscana*, &c. *Una Speunacchiata ai Due Pappagalli*; *Analyse Critique de l'ouvrage de M. le Doc* -

teur Sichel; Storia di due casi D'Allacciatura D'Arterie; Ceuni Sulle Forze Medicatrici Della Natura e Specialmente Sull' Abuso Del Salasso Memoria, &c. del Dottore Ferro, &c. &c. Some of them may be useful as references, but would hardly compensate in interest for the trouble of translation.

Massachusetts State Lunatic Hospital.—From the last annual report, we learn that there have been in the hospital, in the course of the last year, 397 patients—195 males and 202 females. There remained at the close of the preceding year, 218; and there were admitted, in 1839, 179. At the close of the year 229 remained. The hospital has been full at all times, and 115 applications have been rejected. The number admitted was greater than during any preceding year, and the number of residents greater by 35. There were discharged in the course of the year, including deaths, 168. Of these, 80 recovered, 29 were improved, 7 not improved, 30 discharged as harmless and incurable, and 22 have died. The deaths the past year amounted to $5\frac{1}{2}$ per ct. of the patients in the hospital during the year; and since the establishment of the hospital, the deaths have been $7\frac{1}{4}$ per ct. of the whole number of admissions. The recoveries for the whole time have been 54 per ct. of the males, and 62 per ct. of the females. Intemperance is assigned as the cause of the largest number of cases of insanity the past year, as has been the case in former years. We shall make room, in another number, for Dr. Woodward's remarks on hereditary predisposition to insanity, which, from such a source, are entitled to consideration.

Fifty-first Report of the Hanwell Lunatic Asylum.—The report extends to three quarters of a year, and ends on the 30th September, 1839. The Asylum contained 321 males, and 470 females, on the 1st of Jan., and 329 males, and 462 females, on the 30th September. The average number of patients in the Asylum was 804. In the 9 months 84 males and 48 females were *admitted*; 38 males, and 27 females, were *cured*; 3 males and 5 females were discharged, *relieved*; and 35 males, and 24 females, *died*. It will be evident, from this statement, that the Hanwell Lunatic Asylum is one of the largest establishments of the kind in Great Britain; and that considerable interest attaches to it both in an economical and a scientific point of view.

The cost of each patient was, on an average, 7s. 3d. a week; 3s. 10d. having been expended for provision, including 1s. $1\frac{1}{2}$ d. for meat; and 1s. 3d. for flour.

We are glad to perceive, from the report of the Resident Physician, that the diet has been improved. The amount of solid food has been increased. The nature of the change will be seen in the subjoined statement of the amounts of solid and fluid food in the old diet table and the new.

Weekly proportion of Solid and Fluid Food.—Old Diet Table, solid food per week, 160 ounces; fluid, $20\frac{1}{2}$ pints. New Diet Table, solid food per week (men), 194 ounces; fluid, 16 pints. Do. do. (women), solid, 172 ounces; fluid, $19\frac{1}{2}$ pints.

Of the 34 ounces of increase in the solid portion of the mens' diet, $8\frac{1}{2}$ consist of cooked meat, 6 of bread, and 14 of cheese. The substitution, for gruel, of a tea breakfast for the women, and a supper of bread, cheese and beer for the men, is said to have given much satisfaction.

It appears to be pretty well established, that fewer persons die, and that recovery is more rapid, in institutions where the patients enjoy a nutritious diet, than where they are kept at the starving point. The water-gruel slop frequently gives rise to diarrhœa; and it seems impossible to preserve the inmates of *one large establishment* in health, on a diet which sustains the life and strength of the agricultural peasantry living in detached cottages.—*London Lancet*.

Medical Miscellany.—Dr. Howe's abdominal supporter has what is termed a V, instead of a spiral spring, as remarked two weeks ago in the *Journal*, by mistake.—Mr. Phelps, the surgical instrument maker, of Court street, manufactures wooden legs so admirably, that it seems impossible to make them more perfect.—A memoir of the late Dr. John S. Bartlett, of Marblehead, embracing his controversy with the Mass. Med. Society, it is insinuated, if published, will show him a martyr and the Society a monster of oppression!—The private hospital of Dr. Levert, of Mobile, not quite ready for the reception of patients, was prostrated by a hurricane on the 24th of March.—It turns out that the Shakers were falsely accused of maiming two boys, mentioned last week.—The plague has again appeared at Smyrna, exciting the usual alarm, to strangers as well as natives.—The late Dr. Parrish, of Philadelphia, is said to have left \$150 a year for the support of a faithful horse, who is to fare sumptuously for the remainder of his life, without labor. More lucky than most horses who have physicians for masters.—Will not some physician at Cornish, N. H., Windsor, Vt., or in the neighborhood, transmit a report of the remarkable case of *mollities ossium* in the person of a Miss Harrington?—Fifty-seven gentlemen received the degree of Doctor of Medicine at the close of the lecture term of the Jefferson Medical College, March 6th. An honorary degree of M.D. was conferred on Dr. Joseph Milnor, of Allentown, N. J. A valedictory was delivered by Prof. Green.—No. 7 Vol. 2d, of the American Phrenological Journal is excellently well filled with original matter.—Dr. Williams's little work on Medical Jurisprudence is properly appreciated in Europe.—Mr. L. N. Fowler is giving a second course of phrenological lectures in New York.—Arthur Wake, of North Carolina, is now in his 119th year, and in good health.—The British and Foreign Medical Review for January, now edited solely by John Forbes, M.D., contains many articles of unusual interest.—Dr. Bell's Select Medical Library, for March, comprises a continuation of Hunter's valuable work on the blood.—Several cases of spontaneous salivation were referred to at a late meeting of the Westminster Medical Society; cases, also, having been caused by lead, were related by two of the members.

TO CORRESPONDENTS.—An interesting communication from Europe, by Dr. Harlan, of Philadelphia, has been received, and its publication will be commenced next week.

DIED,—In Enfield, Ms., Dr. Alonzo Claggett, 28.

Number of deaths in Boston for the week ending April 11, 30.—Males, 16—females, 14.

Of consumption, 2—smallpox, 8—insanity, 1—teething, 1—inflammation of the lungs, 1—marasmus, 1—infantile, 2—dropsy on the brain, 1—dropsy, 1—lung fever, 1—scarlet fever, 2—old age, 2—intemperance, 1—inflammation of the brain, 1—decline, 1—coxalgia, 1—asphyxia, 1—hæmorrhage of the lungs, 1—paralysis, 1.

SEVERAL THOUSAND COPIES OF DESLANDES' TREATISE ON THE DISEASES PRODUCED BY EXCESSES, have been sold the past year. Price 50 cents. For sale by OTIS, BROADERS & CO., No. 120 Washington street (up stairs).

Extract from the Boston Medical and Surgical Journal.—"If it were once freely circulated, the tendency would be beneficial, because, like an alarm gun, it would give warning in season to arrest a threatening danger."

Extract of a letter from Dr. Woodward, Superintendent of the Insane Hospital at Worcester.—"That it is a most frightful source of ill health and fatal disease with the young, I have no doubt; I hope, therefore, it will go into extensive circulation."

Extract of a letter from Dr. J. W. Francis, New York.—"The volume as now published will prove eminently useful, and deserves the consideration of all to whom is committed the responsible trust of moral and physical education."

Extract of a letter from Dr. Doane, New York.—"The subject is extremely important, and one too much overlooked by our profession generally, and the evils of the vice are not appreciated by our community."

Extract of a letter from Dr. Winslow Lewis, Jr., Boston.—"To none can the work do harm, and to many it may give rise to that deep self-trust which will forever free them from this fatal vice."

For sale in Lowell, by E. A. Rice & Co. In Nashua, by Buffum & Gill. In Salem, by H. Whipple. April 15—3t

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

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MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - -	DR. SMITH.
Surgery, by	- - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers. M. S. PERRY, C. H. STEDMAN, H. G. WILEY,
Jan. 29—ep1meoptf H. I. BOWDITCH, J. V. C. SMITH.

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 131 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

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WEDNESDAY, APRIL 22, 1840.

No. 11.

FOREIGN CORRESPONDENCE.—LETTER FROM DR. HARLAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—During my last visit to Boston, when on the eve of my departure for Europe, I think you exacted a promise from me to contribute to the pages of your valuable Journal. My absence from this metropolis, and other unavoidable circumstances, have prevented me, until the present moment, from fulfilling my pledge; and I only regret that my unexpected determination of returning immediately to America, prevents the accomplishment of my intentions to their full extent.

Paris, Feb. 26th, 1840.

Yours, respectfully,

R. HARLAN.

I attended, this morning, an interesting consultation at the hospital La Charité, in the Salle St. Joseph, under the direction of M. Cruvelhier. The case was that of an Englishwoman, who, with her husband, had for some years resided in Paris, and chiefly, under the plea of some disease or other, at the expense of an English benevolent society. She finally, some months since, came under the care of Dr. Macgloughlin, one of the visiting physicians of the Society—the patient, at this time, displaying most of the symptoms of paraplegia of the inferior, and hemiplegia of the superior portions of the body. From the previous history of the case, and certain irregularities in the diagnostics, Dr. M. considered the patient as an impostor, assuming disease with the view of imposing on the charity of her compatriots. The benevolent society, in consequence of this report of its official agent, suppressed all further contributions. In this stage of the proceedings, M. Cruvelhier was requested to take charge of the patient. He not only entirely disagreed in opinion with Dr. M., but gave the husband of the patient a written testimony that the case was really one of total paralysis of the lower portions of the body, and of the right arm and right side of the face. With this high authority on his side, the husband (Mr. Harding) appealed to the public, and Dr. M. was posted as a cruel ignoramus, who had voluntarily robbed a poor decrepid female of her last means of support. The doctor, in self-defence, commenced legal proceedings against the calumniator, and gained his suit—his opponent being fined and imprisoned. M. Cruvelhier now took the patient to his ward in the hospital, and called, in consultation, all the medical faculty of the institution, who, one and all, on minute examination, entertained the same opinion as M. Cruvel-

hier, that the patient really labored under a general and incurable paralysis.

These opinions being made public by the numerous students attending the practice of the ward, occasioned considerable excitement and discussion among the profession—when finally, to settle the matter, the medical faculty of the hospital offered to Dr. M. a public examination of the patient, before his medical friends, the students and profession in general. Accordingly, this morning, at 9 o'clock, the appointed hour, the ward of M. Cruvelhier was crowded to overflowing. M. Velpeau, making his appearance last, found it almost impossible to force his way into the circle which was attempted to be formed around the patient's bed, which had been removed to the middle of the room. M. Cruvelhier, observing his efforts, interrupted the discussion by crying out, "Voici Mons. Velpeau." Mr. V. immediately replied, "I fear that I shall be Mons. *Sauspeau* before I attain the circle." The French, by the way, are great punsters.

The discussion was opened by Mons. Cruvelhier, who gave a lucid and candid history of the whole case, and repeated his opinion, in the most decided manner, of the truth of the diagnosis that he and his confrères had already announced. The patient, whose appearance indicated that the approach of dissolution was not many days distant, was subjected to every kind of examination and experiment, in order to test the validity of her symptoms—Mons. Cruvelhier repeating, continually, "Show me the power of motion—prove to me the existence of sensibility." To me it appeared evident, that a partial or slight examination of the patient, in the present state of the case, was sufficient to diagnosticate the existence of paralysis, though probably not to the extent affected by the miserable patient—who, no doubt, simulated symptoms even now, in a dying state—the "*malade imaginaire*," the simulator of disease, had become the real victim.

After two hours of torture to the patient, M. Cruvelhier remarked to Dr. M.—"You are obliged to confess that you are unable to detect either the power of motion or the existence of sensibility in the muscles affected—and it now becomes your duty, as a man of honor, a gentleman, and a respectable practitioner, as you are, to confess your error, and give the parties a certificate accordingly." When Dr. M. declined to do this, hisses proceeded from the medical class. Dr. M. becoming irritated, declared, striking his fist against his hand, "I'll challenge the whole of you," and the class immediately separated amidst loud peals of laughter.

The most convincing proof of the existence of paraplegia, consisted in the introduction of the catheter, the bladder being full; a small quantity of urine began to flow, but immediately ceased—and was only voided by pressure on the abdomen. Dr. M. doubts the fairness of the manner in which this experiment was made.

I have had frequent occasion to remark the neglect of the Parisian practitioners in the constitutional treatment of local affections. A very remarkable instance occurred this morning in a case under M. Cruvelhier's care. The patient had just entered the ward with an inflamma-

tion of the arm. He called the particular attention of the class to the case as a strongly-marked instance of inflammation of the lymphatics. Observing some leech-bites on the arm, he asked the patient if the red, swollen, and indurated lines followed the application of the leeches; she told him that, on the contrary, the leeches were applied as a remedy for that affection. Mons. C. asked not another question—neither feeling the pulse nor examining the tongue, &c. He prescribed “twelve leeches and a poultice.” When he retired, I took the liberty of questioning the patient. The tongue displayed signs of irritation and fever—the skin was cool, and the pulse feeble. In reply to my inquiries as to the state of the bowels, she stated that she did not go to stool for eight or ten days, without the aid of lavements—that she was burnt up with a fever all night—had no appetite, &c. And yet M. Cruvelhier is one of the most eminent practitioners and distinguished authors among the Parisian surgeons.

I presume that you have read, in the Parisian medical journals, the history of an extraordinary tumor, recently removed, by M. Velpeau, from the right testicle of a patient in the hospital La Charité, 27 years of age. Not the least remarkable feature in the history of this case, was the successful diagnosis of Mons. V., who assured the class that the tumor would be found to consist of a fœtus. When the patient was introduced into the theatre, Mons. V. remarked that he was about to perform an operation entirely new in the annals of surgery—being nothing more nor less than the *Cæsarean section* performed on a *man*. The tumor was extirpated without any apparent injury of the testicle to which it was attached. On dissection, the tumor was found to consist of the remnants of a fœtus which had lived and grown from the period of birth, on the testis of its twin brother—the connection being vascular only—the patient being always insensible to any mechanical irritation applied to the tumor. The case terminated fatally in 8 or 10 days after the operation, although the patient previously appeared in vigorous health.

The profession has for some time been familiar with the process of embalming by Dr. Gannal, of Paris—which consists briefly in the injection, into the carotid artery, of a solution of acetate of alumine (two ounces of the salt dissolved in a quart of water, adding a little arsenic, and occasionally some red coloring matter). No other section, than that necessary to attain the artery, is requisite. I was recently invited by Dr. Gannal to examine his museum—consisting of numerous dry and wet preparations, of morbid and normal anatomy, and of various embalmed bodies, including several human subjects of different ages, from birth to 5 or 6 years—also dogs, cats, monkeys and numerous birds. As a means of embalming, even large bodies, and of preserving flesh when immersed in the fluid, Dr. Gannal’s method appears to have been employed with great success; but as a substitute for the usual method of impailing and preserving zoological subjects, it is not to be recommended—the act of desiccation distorting and diminishing the size of the objects. The artist professes to reserve to himself certain secrets in the process of embalming the human body—which he has patented. He has re-

cently published a respectable octavo volume, on the subject of embalming from the earliest periods down to the present day, including many valuable and interesting details of the various methods of injecting and preserving anatomical preparations. The late archbishop of Paris, Quelin, who died a few weeks since, was, by his own request, embalmed by Dr. Gannal.

Much has been said, of late, in the meetings of the Academy of Sciences, of M. Dumas's theory of *chemical substitution*, which, after all, appears to me to bear a strong affinity to the long-admitted and admired doctrine of *Equivalents*. The discussions were, however, of a high order, and well worthy the attention of the chemist.

An animated discussion has also been carried on here, between MM. Breschet and Magendie, on the *glanders*; the former maintaining that the disease is contagious, not only among horses, but extending to other animals, and including mankind—and that the disease is equally communicable, either by inoculation or contagion, in its chronic stage. Dr. Magendie denies both these positions, and considers the chronic *glanders* a different disease from the acute form.

Numerous and interesting courses of lectures continue to be delivered in every department of natural, medical and physical science, in the various public institutions of this metropolis. Most of these lectures vary in their subjects every year, so that a complete course would require the attendance of several years.

Magendie employs himself, the present terme, on the blood. I was struck with a remark he made in one of his recent lectures, viz., that in a large and vigorous dog which he had subjected to repeated bleedings, the crassamentum of the blood *increased* at every successive bleeding.

Becoming somewhat wearied of the practical routine of the Parisian hospitals, and having followed, nearly to their close, the lectures at the Jardin des Plantes, on anatomy, comparative physiology, comparative anatomy, and zoology, I took advantage of the kind invitation of my friend Prince Maximilian, of Nieuwied, on the Rhine, to make him a visit at his magnificent chateau. I determined to traverse the Rhine from near its source, and accordingly left Paris for Strasburg, via Metz. Strasburg has been long famed as an important and beautiful city, for its eminent professors and distinguished men. I here had the good fortune to meet my friend Professor Duvernoi, formerly connected with the University here, and now a professor in the College of France. From him I have ever received the most liberal proofs of hospitality. But it is not my object to fill the pages of your Journal with descriptions of magnificent cities, or to discourse of the often-told beauties and scenery of this enchanting country. There are some subjects, however, which attracted my attention *en route*, and which may not be uninteresting to your professional readers. I passed most of the time in the anatomical museum and extensive cabinet of natural history, connected with the University of this city, in company with its distinguished professors—always inducted by my friend Duvernoi. Both of these institutions are among the most creditable of their kind, and in the best possible state of preservation. The crowded state of the public library and

Athenæum was very creditable to the intellect of this community. The Cathedral of Strasburg is a bijoux of Gothic structure; its tower is the most lofty specimen of human production, and although the building was commenced six centuries ago, its state of preservation is yet perfect. Its immense height renders it peculiarly liable to injury from lightning, and it has, in fact, suffered several times formerly from such accidents. The municipal authorities, under the impression that a lightning-rod was only calculated to attract the electric fluid, would not permit the use of this preventive, until taught by experience, they were obliged to resort to this expedient, several years since, and have found it perfectly successful. From the Cathedral, we passed to the Church of St. Thomas to view the admirable monument erected by order of Louis XV. to the memory of Maréchal de Saxe, the hero of many battles, but pre-eminent for his victory over the combined armies of Austria, Holland and England. Of all the monuments of England, France, or Italy, which have fallen under my observation, there are none surpassing in beauty of execution or design, this splendid contribution of a grateful monarch to a brave and talented subject.

In an adjoining cabinet of the same church, my attention was arrested by two interesting objects, of a different kind, discovered three or four years ago, in a cave of this church, viz., the embalmed bodies of the Count de Naussau (Sarsburck) and his daughter. These relics, six hundred years old, are both habited in the costume of that epoch; the coat, small-clothes, &c., of the father, have been replaced by exact imitations—but the habits of the daughter are actually those in which she was buried, consisting of a blue silk gown richly ornamented with lace, with diamond rings on her fingers, and jewels on her breast. The body is well preserved, with the exception of the face. Bunches of silvered flowers still adorn the top of the head, arms and shoulders. The features of the Count are almost perfect. It is to be regretted that no account of the process of embalming has been preserved.

Strasburg is situated about three miles from the Rhine, where we joined the steamboat on its descent of the river. We stopped the first night at Mannheim; the next day at Coblenz, where the peculiar beauties of the scenery of this majestic river commence. We need not leave the rivers and the lakes of our own noble country in search of the beautiful and sublime, but here these natural attributes are combined in a manner to be seen nowhere else. Two hours' run by the steamboat placed me in Nieuwied, the residence of Prince Maximilian, whose munificent hospitality I enjoyed for several days. The prince is well known to the scientific world by his travels in South America. He is at present occupied in publishing his travels in North America, which will be a splendid production. It will appear simultaneously in German, French and English. The palace and park in town are extensive and beautiful specimens of their kind. One large building is devoted entirely to his museum, principally consisting of objects obtained in his travels, and of the Roman antiquities gathered on his estate. During the summer the family occupy a hunting lodge, situated five miles from the river among the mountains. There is here a park twenty miles in circum-

ference, fenced in, abounding in deer. I had the pleasure of attending my friend in a hunt. The surrounding scenery is picturesque, wild and varied. On taking my departure from this happy mansion of refinement and hospitality, I was furnished by the prince with introductory letters to the professors of the Universities of Bonn and Leyden—to Prof. Goldfuss of the former, and to Professors Temminck, Schleigel, &c., of Leyden.

[To be concluded next week.]

THE STRUCTURE, FUNCTIONS AND PATHOLOGY OF THE SPLEEN.

BY WILLIAM INGALLS, M.D., BOSTON.

[Continued from page 154.]

WE shall here introduce an extract from the lectures of Dr. Grant "On the Secreting Organs of Animals."

"Every lining membrane in contact with a fluid, whether on the surface or in the interior of the body, exhales its own peculiar fluid, and in the lowest tribes of animals all the requisite secretions are furnished, often without the presence of a sanguiferous system. The materials thus transuded through the porous texture of membranes, or the parietes of capillary vessels, are sometimes destined to form a part of the system, sometimes to assist in the assimilation of foreign matter, and sometimes to form excretions to be discharged from the body. These secretions are not mere transudations of materials, unchanged in composition, from the fluids which afforded them; they are generally altered both in their chemical and physical properties by this transmission. * * * The duct of a gland is the gland itself, and it may be a simple undivided follicle, or it may be ramified to infinity, and compose a large conglomerate mass; but this membranous duct, with its vessels and nerves, appears to be alone essential to the secretions."—*Lancet*.

There undoubtedly resides in the blood materials essential to the formation of bile. Changes also occur in the quality of the blood at different periods, until we arrive at maturity. In the early stages of infancy, the blood flowing through the vena portæ is particularly adapted to the very excitable state of the liver; the bile is bland; the sweet taste being predominant, the consistence watery, and the color less intensely yellow, afford an evidence of the mild character of the portal blood—the source whence its properties are derived. But in the course of time, the excitability of the biliary organ is less, and the structure more complete. In manhood, picromel, which is the essential property of the bile, is in such proportion as to afford a salutary stimulus to the liver.

An injected preparation of an infant, of ten months, was presented to me by Dr. Ramsay, in which the vena portæ, instead of going to the liver, entered the vena cava near the abdominal surface of the diaphragm: the subject was extremely emaciated. A similar distribution of the vena portæ in a subject arrived at maturity has not been recorded.

It has been conjectured the secretion of the bile may be performed by the hepatic artery, and the vena portæ being sometimes found to open

into the vena cava, instead of going to the liver, is cited as an example confirmatory of this opinion. That the artery, besides being destined to nourish the liver, may in some measure be subservient to the process of the biliary secretion, is quite possible; but that it is the principal agent in the secretion of the bile, is warranted neither by experiment nor by anatomy. The true source whence pure bile is produced is the portal blood; though this be cut off, bile may be secreted, but of a nature so bland that its influence in promoting digestion is inconsiderable.

The functions of all the organs are proportioned to the requirements of the animal economy—at the different ages. The spleen is not sufficiently developed to secrete its appropriate fluid—from which the stimulating property of the bile is derived—until several months after birth; in the interim, however, the bile, though bland, is very well adapted to assist digestion. When the function of the spleen is established, the system has arrived at the state in which digestion requires bile of a more stimulating quality. If from any cause the flow of blood from the hepatic vein to the liver be obstructed, or diverted from its course, the digestive powers for the want of its proper stimulus become enfeebled; health declines; extreme emaciation ensues; and death terminates existence.

Notwithstanding the trunk of the portal vein does not reach the liver, the branches which are naturally distributed to this viscus must exist; otherwise there would be no secretion of the bile, as upon the agency of these branches the production of the biliary fluid is dependent. The liver is composed of small glands, called penicilli, formed by convolutions of the extreme branches of the vena portæ. When these have performed their office, the superfluous blood enters the radicles of the venæ cavæ hepaticæ, to be commingled with the circulatory mass. Admitting, then, the extremities of the vena portæ inosculate with the radicles of the hepatic veins—on the principle that fluids tend to penetrate into parts that give the least obstruction—the venous blood of the hepatic veins finding the least resistance towards the capillaries, enters them, and coming in contact with the membranous surfaces* of the penicilli—on which the biliary secretion is dependent—bile is secerned. But, as we have said above, bile that is destitute of picromel in consequence of the function of the spleen being not yet established, is mild and thus may answer in the first stages of infancy, but in later stages it is inadequate to give a wholesome stimulus to the organs of digestion, or to produce the chemical change in the chyme, by which the chyle is separated from the feces—one of the processes of assimilation essential to nutrition and the continuance of life.

A distinction is made by Mr. Hunter between the trunk of large branches and their ultimate ramifications; the former are endowed with elasticity, and the latter with muscular power. Though the impetus of the blood by the elasticity of the arteries be felt throughout the vascular system, the circulation in the minimæ vasculæ is carried on mainly by muscular power. In proportion to the tortuous course of an artery,

* See Grant's Lectures.

its combined force of elasticity and muscular power are greater than a straight one.

The splenic artery is tortuous and muscular; and in proportion to its tortuosity and muscularity is its capacity for action. In a recent post-mortem examination, in a subject aged 73, the splenic artery was ossified, affording an excellent opportunity of seeing its flexures; it was arched and stood off at some distance from the superior margin of the pancreas, along which it proceeded in an undulating course, until it arrived near the spleen, when it described a small, but complete circle. The splenic vein is much larger than the artery; its coats are very thin and capable of great dilatation, and the blood contained in it is deprived of its coagulable property.

The action of the arteries and their larger branches, and even the propelling power of the heart, are subordinate to the capillary system; and this seems to be in conformity to the order of nature, as in the growth of an animal of the class of mammalia the capillary arteries are first formed, next the branches, then the trunks, and finally the heart.* The capillary system maintains its priority and ascendancy in the actions of the circulatory apparatus and in the various secretory organs in the adult; as is evident from the act of blushing from modesty, or shame, and the changes of the countenance from fear, or terror, or anger, preceding the palpitation of the heart and the trembling of the muscular fibre; and from the effect of topical applications on the parts beneath before an alteration in the action of the branches, and trunks of arteries and the central organ of circulation is produced, or an impression on the nervous system is made.

The excitability of the muscular fibre exists independently of the nerves? In paralysis, when the function of the motive and sensitive nerves is interrupted, and the muscles are no longer supplied with nervous influence, the circulation continues, nutrition proceeds, and involuntary spasmodic contractions occasionally take place. If the pneumogastric nerves, says Magendie, be divided "below the origin of the branches that go to the lungs, food is transformed into chyme, and an abundance of chyle is produced." Hence the functions of the secretory organs are chiefly under the control of the apparatus of circulation. In health, the capillary vessels—being the first to feel impressions—in the absence, or presence, of stimuli may remain comparatively quiescent, or brought into action, without the interposition of nerves.

The distensile and contractile power of the stomach is very great. We are informed, when the stomach is empty, it becomes enlarged, and when full it is much contracted; or, as some physiologists suppose, the reverse is the case. These conditions, however, do not contribute much to the explanation of the function of this viscus. When the stomach is empty, the activity of its capillary vessels is greatly diminished, and there is a corresponding inactivity in the splenic artery, and indeed in the branches of the coeliac, and the mesenterica superior and inferior. When food is taken into the stomach, the capillary vessels of the vasa brevia first feel its stimulating property, which is soon propagated through the

vasa brevia to the splenic artery, thence to the arteries arising from the anterior part of the aorta, and contained within the cavity of the peritoneum; whence also the flow of blood through the portal veins is accelerated. When the appetite is satiated and hunger appeased, a healthy excitement is imparted to the liver, and the whole system is invigorated. In addition to the acceleration of the blood through the splenic vein and the ventral branch of the vena portæ, the bitter principle affords a stimulus to the biliary organ, promoting the secretion of bile, and rendering the circulation through its mass more active; whence an increased quantity of blood is discharged through the venæ cavæ hepaticæ into the vena cava, and thence into the right auricle. By this process the activity of the heart is augmented, the blood is propelled through the arterial system with greater velocity, and the animal temperature more elevated. Though the excitement thus produced may not be inconsistent with perfect health, it has obtained the name of *crapulary fever*.

PATHOLOGY.—The following syllabus is taken from *Marshall Hall's Lectures on the Theory and Practice of Medicine*.

"The diseases of the spleen are exceedingly obscure: they may be viewed as only forming a part of a previous disease, as 1. Typhus; 2. Intermittent; 3. Purpura, &c.; or as constituting a primary disease, as, I. INFLAMMATION, including 1. *Changes in volume,* consistency, color*; 2. *Suppuration*; (1.) *Diffused*; (2.) *Abscess*. II. ORGANIC DISEASE. 1. *Tubercles*; 2. *Encephalosis*; 3. *Cysts*; 4. *Hydatids, &c.*" —(*Lancet*.) To which may be added injuries from *external violence*; sometimes complicated with rupture of the peritoneum.†

* Cases of enlargement of the spleen—vulgarly called "ague cake"—have come under my care, as sequelæ of the intermittent fever. Treatment: for an adult, purgatives of a warm infusion of senna, in the proportion of half an ounce of the leaves of senna to a pint of water; one half to be taken at first, if it does not operate in three hours take the remainder; this dose to be taken every third day; friction night and morning with saponaceous liniment rendered pungent by the addition of cajuput oil; light, nutritious diet; abstinence from stimulating drinks and condiments; warm clothing; and avoidance of atmospheric vicissitudes.

Three children, of colored parents, successively died, when they had arrived at between two and three years of age, of an enlargement of the spleen, readily distinguished by examination externally. The death of each was preceded by continued fever, loss of appetite and strength. Neither of the children nor their parents had been exposed to the action of marsh miasmata. The family lived in a room in the third story; in the entry adjoining were pails and tubs filled with the refuse of culinary vegetables macerating in stagnant water;—a fact, perhaps, that ought not to be omitted.

In May, 1839, I prescribed for a twin female child, between one and two years old, with an enlargement of the spleen: the abdomen was prominent, the apex extended a little below and beyond the umbilicus, pointing, however, towards the superior and anterior spinous process of the ileum; emaciation and restlessness very great. The remedies employed in the treatment of the ague cake, with the addition of lime water, were recommended. March 23, 1840, the enlargement of the spleen had subsided; the child was fat and lively; could stand by holding by the back of a chair. It had some marks of rickets. The lime water was advised to be continued.

† In the course of my practice I have made the post-mortem examination of three cases of the fracture of the spleen; two of them from blows in the pit of the stomach. The other was occasioned by a fall from the wall of the Tremont House (while it was building) upon a pile of stones. The height from which the man fell was, by admeasurement, ascertained to be twenty-six feet. In all of these cases the posterior cavity of the peritoneum [l'arriere cavité peritoneale:—BICHAT] was filled with *fluid blood*. The two former I examined at the request of the attending physicians. The third case fell under my immediate care, the history of which, entitled "A Case of Fracture of the Spleen and Rupture of the Intestines, occasioned by external violence. By Wm. Ingalls, M.D.," was inserted in the Boston Medical and Surgical Journal of June 24, 1828, from which I have made the following extract.

"There was a tumor in the region of the stomach of a character different from the general inflation of the abdomen, which cannot be explained without admitting that the blood was retained in that situation by being lodged in the sac or cavity belonging to the epigastrium. Hence, in hemorrhages from injuries of the spleen or from ruptured vessels in its vicinity, we may expect to see a well-defined tumor in the epigastric region, affording to the touch a soft yielding, rather than a strong sense of fluctuation. It is possible, however, in profuse hemorrhages, the blood may be discharged into the proper cavity of the peritoneum through the foramen, behind the capsule of Glisson, in which case, the character of the tumor and the source of the hemorrhage would be less easily ascertained."

It is more particularly my object, in this communication, to give my views of the pathological condition of the spleen in the intermittent fever; and what has been advanced on its structure and function will enable me to effect this object with greater brevity.

The intermittent is an endemic disease, originating from malaria; and persons very seldom experience an attack, unless, at some period of their lives, they have resided in a country where it is generated.

Malaria acts both as the remote and as the predisposing cause of the intermittent fever. The exciting cause is usually the effect of exposure to sudden changes from a high temperature to a cold moist state of the atmosphere, or to excessive fatigue. When from a combination of these causes the intermittent is developed, the debilitating influence of malaria renders the spleen—the seat of the intermittent fever—so torpid as temporarily to suspend its function. The ultimate ramifications of the splenic artery and the radicles of the splenic vein, which constitute the great mass of the spleen, are in a correspondingly languid state. The *minimæ vasculæ* of the artery and vein being paralyzed, the splenic vein would become empty and collapsed, were it not for the reflux of blood from the trunk of the *vena portæ*. In this case, the ventral branch of the *vena portæ* in supplying the deficiency of fluid in the trunk, occasioned by the reflux of blood into the splenic vein, becomes to a considerable extent exhausted, and thus the quantity conveyed to the liver is diminished.

Blood conveyed by the portal system to the liver, besides being less in quantity, is deprived of the properties which we have considered requisite to furnish the materials for the formation of the bile, and to impart to this viscus a salutary stimulus. From these causes the vascular system of the biliary organ is in a considerable degree rendered inactive; consequently, the current of blood flows in less quantity and with less velocity through the *venæ cavæ hepaticæ*, *vena cava abdominalis*, and the cavities of the heart. This viscus not feeling the usual stimulus arising from the impulse of the blood against its walls, contracts feebly, and the impetus of the blood derived from its propulsive power, with the additional aid of the elasticity of the trunks and larger divisions of the arteries, is not sufficient to overcome the resistance of the smaller but muscular branches. Thus, the balance between the elastic and muscular portions of the arteries is disturbed; the *vis a tergo* being comparatively weak, the capillary vessels acquire the preponderance, and contract so forcibly as to produce a regurgitation of their contents. Hence the paleness and shrinking of the cutaneous surface. These are without doubt unequivocal signs of the vacuity of the capillary vessels, and the want of plenitude in the larger arteries; but the capillaries of the surface are not exclusively affected, as the same phenomena may exist in the viscera contained in the cranial, thoracic and abdominal cavities, and indeed in every secretory organ. The stomach, the functions of which have been proved by M. Magendie to be performed without the intervention of nerves, may be selected as an example.

The stomach is furnished with vessels from three sources; from the splenic, hepatic and coronary arteries, each being given off from the

cœliac; on the left side, arise from the splenic the gastro-epiploica sinistra and vasa brevia, which go to be distributed to the cardiac extremity of this viscus; on the right, from the hepatic, arise also two branches, the gastro-epiploica and pylorica, which go to be distributed to the pyloric extremity; and superiorly, the coronary, which is its proper artery.

We have stated, that the first cause of the successive and extensive morbid changes in the several portions of the bloodvessels originated from a paralyzed state of the *minimæ vasculæ* of the spleen; in conformity to the law, that the activity of an artery and its branches belonging to a secretory organ is in exact proportion to that of its capillary vessels; that the splenic artery and its branches become proportionably torpid; that the liver did not receive by the *vena portæ* blood in the usual quantity; that the capillary extremities of the hepatic artery, together with those of the other classes of vessels, were rendered in a great measure inert; and that—on the principle above mentioned—the artery itself and its branches must be in a corresponding condition. It may be added, that from the same cause that produces torpor in the splenic artery and in the hepatic, the cœliac is similarly affected, and that consequently the circulation in the coronary is comparatively languid. With regard to the numerous arteries that supply the stomach with blood, the *vis a tergo* is not sufficient to overcome the resistance afforded by the contractile force of its capillary vessels. Thus, the functions of the stomach are impaired and remain so through the paroxysm of the intermittent fever; and, in like manner, the feeble contractions of the heart and the resistance of the capillary vessels satisfactorily explain the morbid phenomena peculiar to the functions of the viscera contained in the cavities of the thorax and cranium.

During the inactivity of the vascular system the blood slowly accumulates round the heart, until the sensation of cold, “frequent succussions or rigors,” anorexia, embarrassed respiration and disturbance of the functions of the brain, announce the existence of the cold stage of the fever; stretching, yawning, indisposition to motion and mental exertion, are the precursory symptoms which give warning of its approach.

Efforts of the heart to release itself from the accumulating load are made; and the organs of respiration are thrown into great commotion; the carbon not being exhaled nor the oxygen absorbed in due proportions, the impracticable effort to make a full inspiration brings into strong action the respiratory muscles, manifested by “frequent succussions or rigors,” the severity of which are in proportion to the vacuity and collapse of the *minimæ vasculæ* of the lungs. By the increasing action of these organs the cold stage is at length overpowered and the hot stage is established.

The hot stage is not immediately succeeded by the sweating stage; if it were, a solution of the malady would be the result, the contractions of the heart would propel the blood in a uniform current throughout the whole arterial system, whence perspiration would ensue and continue to flow until the circulation was restored to its healthy condition. But the reverse is the case, by the empty and collapsed state of the *minimæ vasculæ*

the cutaneous and pulmonary transpiration and the secretions generally are obstructed. In addition to what has already been advanced, during the first part of the cold stage, while the heart and capillaries remain in almost a quiescent state, an accumulation of excitability takes place, the obvious effect of which is the rendering the pulsations of the former more vigorous and the resistance of the latter more obstinate. Between these antagonising powers a contest ensues, in which the heart most usually prevails, the capillaries capitulate, a free evacuation follows, and health is restored.

[To be concluded next week.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 22, 1840.

RHINOPLASTY.

LAST week we saw a man at a lodging house in Milk street, in this city, who was in the process of having a portion of a nose transferred from the left fore-arm to his face. A part of the tip and the right wing had been removed, and the object of the operation was to repair the maimed organ by this novel resource of art. Instead of taking the piece designed for a patch, from the forehead, as commonly practised by Taliacotianists, it was thought far better, in this particular instance, to resort to the arm, and thus save the face from a disagreeable scar, the usual deformity when the integuments are taken from the region of the forehead. From all that could be discovered, there was a fair prospect of success, and by this time, it is presumed, the patient has returned home to the State of Maine. Dr. J. M. Warren, the surgeon who has heretofore been very successful in rhinoplastic surgery, was the operator. In due time it is expected that a complete history of the case will be drawn up, and given to the profession through the pages of this Journal.

President of the Medical Society.—It is understood that Dr. Shattuck, who has presided the last three years over the Massachusetts Medical Society, will not be a candidate for the office the ensuing May. Several persons are named as probable candidates for the chair, principally residing in the western part of the State; but as the choice devolves upon the Counsellors, the day after the annual meeting, it is difficult to predict who will obtain the suffrages of that board. Whoever the choice falls upon, may be sure of finding himself associated with a circle of gentlemen, alike distinguished for their urbanity and devotion to the respectability and usefulness of the Society.

Some have expressed a desire to have the legislative report on the petition of the late Dr. Bartlett, placed in the hands of the members. Whether it will be printed for distribution, or not, is more than we can say. From a recollection of the general character of the report which was given at the close of the session of 1839, we think there cannot be much in this that was not embraced in that document.

Dr. Spencer's Address.—At the close of the medical lectures in Geneva College, the professor of the Institutes and Practice of Medicine, Dr. Spencer, delivered a public address to the graduates, which reads so well that it must have been received with respectful attention by the audience. There is evidently a growing medical literature in the United States. It is not more than two or three years since the custom was introduced of addressing classes in this manner. The effect is already felt to be highly beneficial. Whilst such addresses impress the young practitioner, at the very moment when his mind is in its most plastic condition, with the responsibilities, the duties and the importance of the character he is about to assume, some of the finest specimens of writing have in this way been produced, at once showing the resources of minds devoted to the pursuits of science, and the power with which they can be exercised over the feelings and sentiments of others. Dr. Spencer has really laid the graduates of Geneva College under obligations to him, and the institution may well be proud of such a professor.

The York Lunatic Asylum.—The average number of patients during last year was 368; the number admitted 159; discharged 94; died 60. The Asylum was opened in 1819; since which time 2,739 have been admitted; 1,500 discharged; 868 have died; and 371 remain. Of the 1,500 discharged, 1,203 were cured; 297 relieved. Next to Hanwell, this is the largest County Asylum in the kingdom. The charge of six shillings weekly for each patient has been ordered to be continued for 1840, by the Visiting Justices. The expenses of the year amounted to £7,044 16s.

The Tables, down to 1838, contain several curious or interesting facts. 581 suicide cases had been admitted; in 111 cases suicide was attempted by hanging; in 62 by drowning; 89 by cutting the throat; 7 by poison; 15 by jumping out of window; 13 by hanging and drowning; 7 by hanging and cutting the throat; 224 in modes not ascertained. 343 females and 238 males have attempted suicide; the females apparently prefer hanging and drowning.

It appears from one of the tables, at least we so understand it, that 514 cases of hereditary disposition were admitted; that the relatives were not described in 125 instances; that in 57 the father of the patient was insane; in 76 the mother; in 53 the brother; in 59 the sister; in 45 the aunt; in 29 the uncle; in 19 the cousin; in 10 the brother and sister; in 8 the grandmother; in 4 the grandfather; in 3 the son and daughter; in 3 the daughter; in 6 the father and mother; in 3 the mother and sister; in 2 the mother and grandmother; in 4 the father and sister; in 2 the mother and brother; in 2 the husband; in 1 the wife; in 3 the nephew.

The exciting causes of insanity were stated in 683 male patients; viz., intemperance in 303 cases; domestic afflictions 71; religion 45; injuries in the head 32; disappointed love 22; fever (consequence of) 20; pecuniary disappointment 34; poverty and distress 25; study 21. In females, intemperance was a less common cause; out of 512 cases, intemperance was assigned in 39 cases; religious anxiety in 63; domestic affliction 52; disappointed love 40; unkindness of husband 40; jealousy 24; fear (fright?) 30; puerperal, 34.—*London Lancet.*

Treatment of External Cancer by Ligature of the Vessels and Division of the Nerves supplying the diseased part.—Feeling persuaded that the increased afflux of blood and heightened nervous sensibility, which are the consequences of disease, exert a great local influence in cancerous affections, M. Jobert has adopted a new plan of treatment; viz., that of tying the principal arterial branches and dividing the nervous filaments which are distributed to the affected part. He has seen this proceeding followed by a favorable change in the aspect of the ulcers, and by their ultimate cure. He has obtained this successful result in four cases of cancer of the lip, and in one of the tongue.

M. Jobert is of opinion that the vascular system has a much more important share in the development of cancerous affections than the nerves of the part; therefore he considers that tying the arteries will have much more influence in checking the progress of the disease than the division of the nervous filaments.—*Revue Medicale*.

Chloride of Sodium in Scrofula.—M. A. Latour speaks highly of the utility of this remedy in scrofula or pulmonary consumption. The following case is illustrative of its effects:

A little girl, 13 years of age, of lymphatic temperament, suffered for more than a year, under scrofulous symptoms; the sub-maxillary ganglia were greatly enlarged, and the upper lip was the seat of an extensive scrofulous ulceration, for which a variety of remedies had been tried during eleven months, without benefit.

On the 9th of April a drachm of sea-salt was given in soup, and ordered to be continued daily. The sore was washed with salt water, and the diet was confined entirely to animal food. The re-action produced by the salt was so great that the dose was diminished by one half, and then continued at that rate. The child took frequent exercise in the open air. Towards the middle of May the ulcer was healed, and in fifty days a complete cure was obtained. M. Latour recommends that the salt should be given in flour, made up in the form of a little French roll.

Thus a drachm of salt, dissolved in a small quantity of water, may be mixed with four ounces of flour. Children will readily eat one or two of these rolls in a day.—*L'Experience*.

Poisoning with Arsenic—Successful Antidote.—The following may be added to the cases we have already published, and which demonstrate the efficacy of the hydrated peroxide of iron in poisoning with arsenic:

On the 4th of October last, M.M. S—, father and son, were seized with violent vomiting immediately after supper. It was discovered that some substance was contained in the wine-bottle from which they had drank. The bottle was at once carried to a medical man, who tested the contents with a blow-pipe, and discovered arsenic. Three hours after the presumed poisoning the iron was administered, and after the third or fourth dose the vomiting had ceased; the remedy was, however, continued for the sake of precaution, and towards 7 o'clock, A. M., the patients fell asleep. On the following day they were perfectly recovered. Some members of the family and servants, who had tasted a small quantity of the wine through curiosity, were seized with vomiting. A considerable quantity of the poison was found in the bottom of the bottle, and that taken by the two men must have been more than sufficient to occasion death.—*Journal de Chimie*.

Medical Miscellany.—A committee of the Legislature of New York have made a report adverse to the petition of the Thomsonians.—The French Academy had at their disposal 3000 francs to present the person, magnetized or not, who could read through an opaque body, interposed between the eyes and the letters, with eyes open or closed—but notwithstanding the hue and cry about *clairvoyance*, not a single individual who pretended to read in that manner, has been able to do so before the committee.—Robert McBeath, who undertook to perform a surgical operation on one David Hunter, at St. John, N. B., killed the patient. A coroner's jury have rendered a verdict of manslaughter against him.—It is very sickly again at Port au Prince. The disease now fatally prevalent is said to be yellow fever, or something very like it.—The next meeting of the British Scientific Association will be held on the 17th of September next, in the city of Glasgow.—Drs. Bright, Solon and Rayer, have each received a gold medal from the Royal Academy of Medicine, Paris, for their labors on diseases of the kidney. M. Ricord also received one of the same value, 1,500 francs, for his work on the venereal disease. M. Martin had 1000 francs awarded him for improvements in the mechanism of artificial legs.—Very complimentary resolutions were passed by a large class of medical students in Philadelphia, in favor of Dr. Gerhard, who has recently completed an able course of lectures.—The deaths in London, since the third week in January, have been, from Jan. 26 to Feb. 1, 833; Feb. 2 to 8, 818; Feb. 9 to 15, 813; Feb. 16 to 22, 855.—Dr. G. B. Wood, of Philadelphia, is to prepare a memoir of the late Dr. Joseph Parrish, which is to be read publicly before the Medical Society, when completed.—A new paper, devoted to the promulgation of dietetic nonsense, called the *Health Journal and Advocate of Physiological Reform*, is published at Worcester and Boston, alternately. Can physiological laws be changed, modified or abrogated?—A lad recently died in Pennsylvania, of hydrophobia, having been bit by a mad cat several weeks previously.—The late Dr. Parrish gave directions that his body should, after death, be submitted to close examination, which was done, and the result is published in the last *Medical Examiner*. Dr. P. was in the habit of referring to his own case as a proof that a tendency to phthisis might be counteracted by abundant exercise in the open air. In the post-mortem examination, appearances of cicatrization were discovered in the left lung.—The April No. of Dr. Bell's *Select Medical Library* contains the last of Hunter on the Blood, Ricord's treatise on the venereal disease, and the commencement of Macartney on inflammation.—The April No. of the *New York Journal of Medicine and Surgery* (now published by C. S. Francis, 252 Broadway) is an excellent one, both in appearance and matter.

TO CORRESPONDENTS.—The reports of Dr. North, from Saratoga, a review of a discourse by a distinguished physician of New York, and the continuation of Dr. Woodward's reminiscences, will be attended to in due time.

MARRIED.—At Baltimore, Dr. George C. Shattuck, Jr., of Boston, to Miss Ann Henrietta Brune.—At Southbury, Ct., Wm. C. Catlin, M.D., of Bethlem, to Miss Mary Elizabeth Wheeler.—At Winsted, Ct., Dr. Luman Wakefield, to Miss Ann Tyler.

DIED.—At Litchfield, Ct., Dr. Daniel Sheldon, 90.—At Berkshire, N. Y., Dr. Joseph Waldo, 81.—At Danbury, Ct., Dr. Jabez Starr, 84.—At Philadelphia, Dr. J. J. Allison.

Number of deaths in Boston for the week ending April 18, 26.—Males, 12—females, 14. Stillborn, 2.

Of consumption, 3—fits, 1—lung fever, 3—drowned, 1—scarlet fever, 3—disease of the heart, 1—old age, 1—smallpox, 2—marasmus, 1—gout, 1—pleurisy fever, 1—jaundice, 1—suicide, 1—infantile, 1—nervous fever, 1—dropsy, 1—hooping cough, 1—convulsions, 1.

SEVERAL THOUSAND COPIES OF DESLANDES' TREATISE ON THE DISEASES PRODUCED BY EXCESSES, have been sold the past year. Price 50 cents. For sale by OTIS, BROADERS & CO., No. 120 Washington street (up stairs).

Extract from the Boston Medical and Surgical Journal.—"If it were once freely circulated, the tendency would be beneficial, because, like an alarm gun, it would give warning in season to arrest a threatening danger."

Extract of a letter from Dr. Woodward, Superintendent of the Insane Hospital at Worcester.—"That it is a most frightful source of ill health and fatal disease with the young, I have no doubt; I hope, therefore, it will go into extensive circulation."

Extract of a letter from Dr. J. W. Francis, New York.—"The volume as now published will prove eminently useful, and deserves the consideration of all to whom is committed the responsible trust of moral and physical education."

Extract of a letter from Dr. Doane, New York.—"The subject is extremely important, and one too much overlooked by our profession generally, and the evils of the vice are not appreciated by our community."

Extract of a letter from Dr. Winslow Lewis, Jr., Boston.—"To none can the work do harm, and to many it may give rise to that deep self-trust which will forever free them from this fatal vice."

For sale in Lowell, by E. A. Rice & Co. In Nashua, by Buffum & Gill. In Salem, by H. Whipple. April 15—3t

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*. March 11—6m

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. JOOPER,
J. MASON WARREN.

Oct. 9—1f

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D.; W. J. Walker, M.D., Charlestown.

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No. 12.

FOREIGN CORRESPONDENCE.—LETTER FROM DR. HARLAN.

[Concluded from page 170.]

Bonn is one of the neatest and most elegantly-located cities on the Rhine; its justly celebrated University, and eminent professors at various epochs attached to it, have long rendered this city a favorite resort for students of all countries. From the 13th to the 18th century Bonn was the residence of the Elector of Cologne. It contains 12,500 inhabitants, without including the students or military, amounting to 1500 or 1800 individuals. The resident palace of the former Elector is now the University, which is situated to the north of Bonn, in a village named Popplesdorf. This is associated with the Frederick William University in the city, which contains the Library, the Academic Museum, the Medico-Chirurgical Clinique, &c. Early in the morning of the 11th of October, I presented my letter to Dr. Goldfuss, and met with a most flattering reception. He allowed nothing of interest in his varied and extensive collection to escape my attention, indicating with much patience all the fossils described in his fine work. On asking when he expected to finish this task, he replied, "Probably never, as the subject appears to be inexhaustible." The professor presented me with a memoire on some curious new fossils occurring in this vicinity, which he had just published. Professor G., as well as the eminent professors of Botany and Anatomy, Treviranus and Meyer, resides in the precincts of the University. Behind Popplesdorf, upon a high hill, is an antique church, called "the Kreuzberg." I descended its vault to examine some two dozen mummified bodies of monks, some of them four centuries old. They were all habited in the costume of the period, and appeared to have died at an advanced age. These are natural mummies, or the result of simple desiccation—the skin resembling leather.

Leaving, with regret, this beautiful and classic city, and stopping at Cologne, Dusseldorf and Amheim, where the physician will meet with but little of professional interest, I arrived at Rotterdam on the 13th of October. This city is the paradise of merchants. The only object, not mercantile, in this terraqueous depot, that attracted my regard, was the bronze statue of *Erasmus*, near the Bourse; he is represented reading a book, and appears very much out of place in this most busy part of a stirring population. The figure is ten feet high; the Dutch artist was

certainly right to make the most of him, inasmuch as Erasmus is the only author of distinguished science that Rotterdam ever produced.

Monday, 14th, I took the diligence for Leyden, passing through Delft, La Haye, or Haage—the latter being the seat of the Royal residence.

I was quite charmed with my visit to Leyden. The city itself is a bijoux. The Botanic Garden—University—Museum of Nat. History—Egyptian Hall—Japanese Museum, &c., are all justly celebrated. At the Museum I met Professor Vanderhoovel, to whose politeness and hospitality I am indebted for many interesting observations on the objects contained in the Museum, &c. I observed here the finest series of large *Orangs*, that have ever been brought to Europe. Several skulls of this species are much larger than any human head. The individuals of whom they formed a part must have exceeded five feet in height. They had just received from Java a non-descript reptile, of huge dimensions for one of the order Batrachia, which they called “the Salamandra Gigantea.” The head is as broad as the human hand. It was thought to belong to my new genus “Menopoma,” which it closely resembled, with the exception of the absence of the opercula.

The comparative anatomy department of this museum is almost as rich and extensive as that of the Garden of Plants. In the Botanic Garden adjoining the University, I observed a tree (*Fraxinus ornus*) planted by the celebrated Dr. Boerhaave, more than a century ago, it being now 101 years since his death. It is a curious fact, that in his humoral pathology, Boerhaave was a century before his age! There is also shown here the body of an oak tree more than two feet in diameter, with a large three-pronged iron fork sticking in the middle of it. Leyden is the native city of Boerhaave, as well as of many other great men. He lies buried in the church of St. Pierre, where I observed a neat and appropriate monument erected to him. It consists of a simple square column of black marble, surmounted by a funereal urn of white Italian marble; the upper portion of the urn being surrounded with four heads in alto-relievo, representing family portraits of the grandfather, father and brothers of Boerhaave. On one side of the column is a medallion of the professor, with a seal dependant, bearing the inscription—“*Sigillum veri simplex*,” and beneath this simple motto, “*Salutifero Boerhavi genio sacrum. Ob. 1738.*”

I examined with great interest the magnificent collection of Japanese curiosities made by Dr. Seibold, during a long residence in Japan. It is doing it no more than justice to assert that it surpasses, both in extent and value, the splendid Chinese museum of Mr. Dunn, of Philadelphia. It possesses specimens of everything capable of preservation, either in art or science—including an extensive library of native manuscripts—architecture—painting—sculpture—jewelry—porcelain manufacture—drugs, and even confectionary. Scarcely less costly and extensive is the Museum of Antiquities. Egyptian—Greek—Tuscan and Roman—including Egyptian mummies of every kind in great numbers—statues—urns—frescoes—oil paintings, &c. Leyden gave birth to a number of celebrated painters, among whom were Gérard Dow, Mieris, Vandervelde, &c. Rembrandt was born in a mill in the vicinity. Lewenboek

and Camper were also Hollanders ; the former was buried in one of the churches of Delft.

I proceeded from Rotterdam to Antwerp in a Dutch steamer—as remarkable for want of speed as a Dutch diligence. But for this delay, the traveller is compensated by fine and rapid movements on the railroad from Antwerp to Brussels. This is a beautiful city ; its libraries, museums, theatres, &c., render it a place of great resort. Eight or ten thousand strangers visit Brussels annually, on a pilgrimage to Waterloo, in the immediate vicinity. I enjoyed a very fine day for my excursion thither, and, from the top of the *Lion Pyramid*, erected by the Dutch and Belgians in commemoration of the brilliant victory at this place, I obtained a splendid view of the whole field of battle, and was made familiar with the details of the action, by an English guide who served under the Marquis of Anglesy, as a dragoon. I have read a very concise and apparently a very fair account of this battle, entitled “A Sketch of the Battle of Waterloo, &c. By Gen. Muffling.” The peasants had recently been digging for relics near the Lion Pyramid, and on Wellington’s Centre. They threw up a number of skulls, one of which, together with other relics, I appropriated to my own use. Although 24 years have already elapsed since the battle (18th of June, 1815) 5000 persons annually visit this scene of strife, death, victory and defeat. From Brussels to Paris requires only 35 hours by diligence—passing through Mons, Cambray, Lille, Valenciennes, &c.

In January last I had to make a professional visit to a friend hibernating at *Hyères*, in the south-east extremity of France, 15 miles south of Toulon, on a promontory of land projecting into the Mediterranean sea—which forms the southern aspect of the city, from which it is reflected as from a mirror—and being completely mountain locked in every other direction, it enjoys a climate of its own, completely sheltered from all northern winds. A perpetual spring here prevails ; it never freezes, and may be considered a “*serre chaud*” for bipeds—the climate far surpassing, in uniformity and softness, any spot that I observed in a voyage through middle and southern Italy. In the middle of January, and when the weather was excessively cold in Paris, I enjoyed here, for several days, the genial warmth of spring, and gathered, during a walk of three hours, 17 or 18 plants in full bloom—whilst the olive, the vine and the orange trees, afford food and employment to a numerous population. One might imagine *Hyères* to have formed the original of “the happy valley of Rasselas.” It is truly the “*El Dorado*” of invalids. Some of the English have found it out, and take advantage of it ; but if its climate was duly known and estimated, thousands of invalids from all countries would flock here annually. The climate is milder by 2 or 3 degrees than that of Nice, by the thermometer ; but is many degrees milder, from accidental circumstances, connected with its geographical position, prevalence of winds, &c. *Hyères* is rather more than 600 miles, by direct mail route, from Paris.

On returning, I made the tour of the south of France, resting at Nîmes, Montpellier, Toulouse, Bordeaux, &c., a portion of country that well merits the title of “*La belle France*.” The antiquarian could not fail

to be delighted at Nîmes, where the Roman remains are even more perfectly preserved than any in Italy. This is the most ancient settlement of France. There is a tour (the Tour Magne) yet in a tolerable state of preservation, built by the Gauls; it occupies the summit of a high hill back of the city, affording a magnificent prospect of the vicinity. A Grecian temple, called the Maison Carée, and dedicated to Caius and Lucius, the adopted grandsons of Augustus, remains almost as perfect in repair, as it is in classic proportions. The immense Roman Amphitheatre, in extent second only to the Collyseum of Rome, presents the spectator with a specimen of Roman grandeur, more perfect than any other now extant. The professional traveller will linger with great interest at Montpellier—which boasts the possession of the most distinguished medical school of the world. It is remarkable that its professors have ever been, and still continue to be, among the most eminent of men. This school was founded more than six hundred years ago, by the Arab physicians, expelled from Spain by the Moors. Interesting portraits of the early Arabian professors, together with an uninterrupted series down to the present day, are preserved in the University, in the Halle des Examinations. Among them I particularly noticed those of the original founder of the school—H. Deguintonia, in 1230. P. Laurentius, in 1514; Rondileti, 1545; and A. Laurentius, in 1609. Also a bronze bust of Astruc. But the most highly-prized object is a bronze bust of Hippocrates, of Grecian origin, which occupies a niche above the president's chair; this is considered the most precious *morceau* of antiquity. Beneath this bust is the following inscription—" *Olim cœus, nunc MonsPELLIENSIS Hippocrates.*"

A valuable and extensive botanic garden is attached to the University, now under the direction of Professor De Lille. I here contemplated, with melancholy interest, the tomb of Narcissæ, the lamented daughter of the author of the "Night Thoughts." It occupies an obscure corner of the garden, shaded by thick foliage, in a descending path, and is designated by a plain marble slab, with this inscription—" *Placendis Narcissæ manibus,*" without any date. A line from the Night Thoughts would have been more appropriate—"With pious sacrilege a grave I stole." The garden also contains busts, in *terra cotta*, of Rondileti and Pellissier, formerly botanic professors.

The anatomical museum of the University contains preparations of great interest. Among them my attention was attracted to a model in wax, representing an extraordinary tumor occupying the pubis and involving the genital organs, extending to the knees. It was described by Delpech, under the name of "*Oscheo-chalasia,*" and was successfully extirpated by this eminent and lamented surgeon, preserving the genitals of the patient, although these were entirely involved in this peculiar cuticular disease, which differs in its nature and appearance from any I have ever seen. This unfortunate surgeon met a premature death by the hand of an assassin, near his own door, when just about to enter the bosom of his family! The hospital where clinical lectures are delivered, numbers 800 poor beds. Professor Lallemand is one of the most distinguished authors and surgeons connected with the Univer-

sity. He was born, however, in the north of France, in Strasburg or Metz.

The remainder of this tour offers nothing of professional interest.

THE STRUCTURE, FUNCTIONS AND PATHOLOGY OF THE SPLEEN.

BY WILLIAM INGALLS, M.D., BOSTON.

[Concluded from page 176.]

SEQUELÆ.—These are, 1st. The enlargement of the spleen; 2d. Anasarca. On these subjects the following extract from *Dr. Marshall Hall's Lectures on Intermittent Fever*, it is thought, will be as acceptable to the reader as it has been interesting and instructive to me; especially with regard to the dropsy either as it arises from disease of the liver, or of the spleen.

The doctor, in speaking of the intermittent fever, says—"Perhaps the most extraordinary symptom is the *splenic* pain, tenderness and tumor. These are frequently observed in the beginning of intermittent, and in the cold stage of each paroxysm especially. After a time, this organ is apt to become permanently enlarged.

"The connection between the paroxysm of intermittent and the state of the spleen, and the effect of cinchona and arsenic, are highly interesting; and it is an equally interesting question, whether the same connection subsists in the cases of ague-like paroxysm from suppuration, stricture, or retention of the urine.

"There is a prevailing notion or suspicion, among the French physiologists, that *the source of intermittent is the spleen*. This organ becomes tender and tumid, especially in the cold stage of each paroxysm, and eventually permanently enlarged, constituting the 'ague cake' in the course of the disease, if this be protracted.

"M. Louis observes, with his wonted reserve, 'If we cannot affirm that intermittents consist in a change, more or less severe, of the spleen, because it preserves its size in the intervals, and because these fevers may be removed whilst it is undiminished, still this organ deserves great attention from those who investigate the subject of intermittents, since it is evidently affected in the commencement in many cases, and much more frequently than the other organs.' M. Andral asks—"What is the nature of the change experienced by the spleen in intermittent fever? Is it the cause or effect of the fever?" * * * * *

Dr. Wells observes—"Dropsy is another well-known consequence of ague. Whenever I have observed dropsy of the abdomen to arise from this cause, which, however, has not been often, swelling of the lower extremities has always preceded it. Sir John Pringle remarks that the dropsies which occurred after ague in the Netherlands, generally began at the feet and rose gradually to the belly.' M. Andral observes—"When dropsy is the result of disease of the liver, ascites almost constantly precedes the anasarca. In the patients affected with intermittent, on the contrary, the anasarca was first observed.'"—*Lancet*.

CONNECTIONS.—The spleen is connected with the cardiac extremity of the stomach by a duplicature of the peritoneum (omentum gastro-splenicum); and by a fold of the same membrane with the left pillar or crus of the diaphragm; by the splenic artery with the arterial system generally; with the stomach particularly by its branches—the gastro-epiploica sinistra and the vasa brevia; by the vein with the portal system immediately, and mediately by this vessel with the liver. The spleen with its vessels is situated in the vicinity of the stomach, duodenum, the transverse portion and the right flexure of the colon; and when these viscera, or either of them, are over-distended with feces or flatus, the spleen and its bloodvessels are compressed, and their functions interrupted. The same may occur in the scirrhus enlargement of the pancreas.

TREATMENT.—In the treatment of intermittent fever, the cinchona rubra is the remedy upon which I have usually placed the greatest reliance; and have administered it according to the directions recommended by Dr. Cullen, and generally with success. The following are cases, however, in which the bark, exhibited in the usual manner, was not attended with the usual effect.

Case I. A gentleman belonging to South Carolina, who had gone through the usual routine of practice for the intermittent fever without benefit, in the course of a journey to the north, undertaken for the recovery of his health, had consulted Drs. Rush and Physic, and followed their prescriptions without deriving from them any perceptible advantage. He was extremely emaciated; his strength much prostrated; the disease very irregular; the cold stage predominated both in severity and frequency; instead of the glow which usually precedes the sweating stage, the surface, as in the typhus, was hot and dry; the intervals between his paroxysms were very short, and of course his opportunities for rest were very precarious, and his sleep unrefreshing. In this state of the disease, he put himself under my care. At my request, he took lodgings in a boarding house near my place of residence, that I might have it in my power more conveniently to visit him repeatedly in the course of the day, with the view of determining whether either of the paroxysms happened uniformly at any particular hour. After a few days' attention, it was satisfactorily ascertained that a cold fit occurred every day at about half past five o'clock in the evening. Availing myself of the opportunity this circumstance promised of advantageously administering some remedy that hitherto had been serviceable, I commenced giving, half an hour before the recurrence of the cold fit, five drops of the liquor potassæ arsenitis; one drop to be added to each successive dose—the dose to be repeated according to circumstances. The night after the first exhibition of the arseniate of potassa he passed more comfortably than he had for a long time previous; the chills became less numerous, and by degrees disappeared altogether; in the course of a few weeks he was so far restored as to render it proper for him to return home. Twenty years after, in passing through the city, he called upon me in fine health, which he had enjoyed ever since he left Boston.

Case II. In a case where the patient, who had suffered from drop-

sical effusions in the cellular membrane and in the cavity of the peritoneum, and whose countenance was sallow and bloated, had been attacked several months before with the remittent, which, at the time I saw him, was converted into a bilious remittent fever, none of the remedies used in this disease, given in the usual form and manner, making their customary impression, the following recipe was prescribed—R. Pul. cinchon. rub., ʒi.; rad. smilac sarsaparil., ʒii.; carb. potass., ʒss.; vini port dicti, lb.iss. M. A wine-glass of this compound was directed to be given every four hours, without regard to the remissions. This medicine proving beneficial, was continued until a complete cure was attained.

Case III. A patient who had labored under an intermittent of the tertian type for nine months, had been attended by a number of physicians, without deriving from their prescriptions any permanent advantage. He for months despairing of recovery, desisted altogether from the use of medicine. Bark in powder, given freely during the apyrexia, opium, and the endeavor to anticipate the hot and sweating stages by warmth excited by the conjoint action of the pediluvium, hot stimulating drinks, covering the body with extra bed-clothes and the head with a thick night cap, were tried in vain. As a dernier resort, when the precursory symptoms of a paroxysm recurred, an ox-bladder filled two-thirds full of water as hot as could be borne, was applied to the epigastric region with the best results: the paroxysm was suspended, and the bark and the influence of the climate soon restored him to health.

Case IV. Mrs. —, of a sanguine nervous temperament, æt. 50, of middling stature, and who had previously enjoyed good health, is afflicted with severe pain in her left side under the cartilages of the ribs, accompanied with a burning sensation in the stomach; these symptoms recur every day between ten and eleven o'clock in the forenoon, and continue till late in the afternoon, when they cease without any critical evacuation. In addition to these symptoms she has chilly turns; costiveness; appetite somewhat impaired; wandering pains in her chest and back; depression of spirits; the urine turbid, thick with lateritious sediment; catamenia protracted beyond the usual term. The cause of her indisposition is imputed to her exposing herself, in a state of perspiration, alternately to heat and cold, by passing frequently through a yard to a bake-house on the afternoon and evening before Thanksgiving, in November last, in preparation of the festivities of the day.

I was desired to visit her on the 7th of March, 1840;—about a month or six weeks previous to this date I had prescribed for her, at my house, with little or no relief;—I found the patient in a room excessively warm from the heat of a stove, in which she remained during the day, and retired to a cold chamber at night. This circumstance was sufficient to account for the want of efficacy in the remedies* that had been ordered. She was removed to an apartment where an uniform temperature could be preserved. After letting a few ounces of blood as a revulsive, I administered the following medicine.—R. Sulph. quiniæ, gr. iv.; aq., ʒii. M. Take a tablespoonful in a half tumbler of milk every day, an hour after breakfast. This prescription operated favorably; the

* An emetic, cathartics, dry cupping, leeches, sinapisms, vesicatories and quinine.

paroxysm returned later every day till two o'clock. Its return happening at this hour for several successive days, I directed a tablespoonful of the solution of quinine to be given in a tablespoonful of warm water at half past one; the time of its recurrence was again deferred. The paroxysms are now (March 23) shorter; the violence of the symptoms abated; urine less turbid; depression of spirits alleviated; catamenia returned; the appetite and strength improved. In the course of the exhibition of the quinine many remedies were prescribed; but as they were merely extemporaneous, the recital of them would be attended with no practical advantage.*

From the advantage derived from the use of the bark in periodical diseases, and from the impression that the present complaint might have some remote affinity with the intermittent, I was induced to employ quinine. As like effects arise from like causes, the effect produced by the quinine in this case may lead to the conclusion that this complaint is remotely allied to the intermittent; but it has been observed the spleen is situated in the vicinity of important organs; and, therefore, to render a correct diagnosis of its diseases is sometimes difficult; and in this complaint, as the nature of the urine is materially altered, the condition of the kidneys should be taken into consideration before its seat can be determined with precision.†

USES.—The spleen is generally acknowledged to be a secretory organ; but with regard to the matter secreted, there are various opinions. Some suppose it to be destined to secrete fibrin; others the coagulating property of the blood; others the nuclei of the red globules;‡ others carbon; others that it serves for a diverticulum. In my opinion, its chief office is the secretion of the bitter principle.

This organ is considered by many to be useless, or that an animal may "live very well without it;" or the appetite is more voracious when it is removed.

Lisfranc, speaking of an accident, says—"The spleen does not seem to have been injured; we have no pain or tumefaction about that region; and as to functional symptoms, we cannot expect to have any. The spleen, you know, is not a viscus, and though it is in some way connected with digestion, its function is not known; an animal lives very well after the spleen has been removed."—*Lancet*.

On the absurdity of the opinion that the spleen is a useless organ; and that it may be removed without any material derangement of the functions of the system; we shall here introduce an account of two experiments, which *Dr. Bow on the Physiology of the Spleen*, cites from M. Dobson, to confirm his theory that this organ acts "in the capacity of a diverticulum of the nervous influence when digestion is over."

"*Experiment I.* The spleen of a dog was removed. The animal apparently suffered little pain from the operation. On the following day I gave it a quantity of food; it ate voraciously: for three hours afterwards no perceptible alteration was produced; but in four hours indications of uneasiness were observed, and the animal became restless, and

* March 31st, the patient is free from paroxysms, and sediment in the urine. † Hewson. ‡ Ibid.

at last sank into a torpid state ; it was often moaning ; the pupils were dilated, the heart laboring, there was frequent micturition, the respiration exceedingly laborious, and, in short, there was every mark of plethora, or over-fulness of the vascular system. In the course of two hours from this period the animal began to recover ; and in about three hours these symptoms had subsided ; considerable languor remained. The animal took a large meal twice or thrice in twenty-four hours, and after each meal precisely similar effects were presented. The animal became more feeble daily. In a month after the operation it died.

“*Experiment II.* I next removed the spleen from another dog, but instead of giving full meals, as in the last experiment, I gave a small quantity of food every one or two hours. The animal ate voraciously ; no unpleasant symptoms resulted. This plan was pursued for three weeks, when the animal to all appearance was quite well ; in fact, it became fat ; the ligature on the splenic artery had come away, and the wound in the abdomen was healed. I then commenced giving full meals twice in twenty-four hours ; the same train of symptoms followed each meal, and at the same period, as in the last experiment, though perhaps not so urgent. The animal died in a month from the commencement of this plan of feeding.”

Is the spleen to be considered a useless organ, because an animal of the canine species can live after it has been removed ? Are the resources of nature in obviating the effects of diseased organs to be denied to have an existence, because they do not come under the cognizance of our senses, or, in the present state of our knowledge, do not admit of an explanation ? Because life can be maintained when the liver is wanting, is it a proof that this organ is of no use in the animal economy ? Is the bile not necessary to digestion because its secretion is suspended in abscesses of the liver ? There is a period in our existence when not a single organ in the three cavities, nor a bloodvessel, nor a lymphatic, nor a nerve, is developed. Hence it may be concluded, by a parity of reason, that every organ, except those that are vital, may cease to perform its function for a considerable length of time without destroying life.

REMARKS ON DISEASES OF THE PELVIC VISCERA.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE seen several cases of abscesses which formed in the appendages of the uterus, particularly in the ovaria, which were opened, and the patients recovered in all the cases I can recollect. Likewise I have been concerned in several cases of an enlargement of the uterus, which were considered scirrhus or cancerous, and of course were pronounced incurable by the attending physicians. In some of these cases the uterus was as large as in the sixth or seventh month of gestation ; exceeding hard, attended with heat, pain, hectic fever, and great emaciation ; yet these patients have often recovered. Scirrhus affections of the uterus*

* The fact would seem to be that there is an indurated state of the uterus which is not very liable to terminate in cancer ; though there are other forms of this disease which often do.

do not seem so dangerous as other scirrhusities. Several cases of dropsy of the ovaria, in which I have been concerned, have proved fatal. In this affection would it be advisable to tap and inject wine, as in hydrocele? Though I should think it more advisable to introduce a tube after tapping, and thereby excite inflammation and adhesion, as Larrey recommends in hydrocele. I think this method much more safe than to inject wine; and as likely to effect a permanent cure. Why is it that we find it so difficult to cure encysted dropsy, by internal treatment? Is it because it is in a great measure out of the course of the general circulation? In the early stage of hydrocele, I have given equal parts of digitalis, emetic tartar, and calomel, which has in several instances removed the disease. Might not a similar treatment sometimes prove successful in the early stage of ovarian dropsy? I might here state several cases of polypus of the uterus; but Dr. T. Chadbourne has treated this subject so ably that it is wholly unnecessary.

In fistula in ano I have nothing interesting to remark, save in one case where the ulcer penetrated the coats of the rectum and vagina, and had several pipes, one of which terminated in the perineum, and the others near the orifice of the vagina. The disease was of long standing; the patient was discouraged and melancholy. In the treatment of this disease I was much perplexed; to divide the coats of the rectum and vagina, and make them one cavity, was, for obvious reasons, not warrantable; and merely to palliate and let my patient sink, my conscience would not admit. I thought of making use of the method recommended by the French surgeons, viz., to introduce a lead wire; and by gradually twisting it, it would cut its way through the parts, and these being in near contact would adhere about as fast as they were divided by the wire; but my patient was of a scrofulous habit, and the ulcer was in a bad condition, which deterred me from trying the experiment at this time. After once operating by incision, however, the cure was so tedious that I prepared for the above operation; but my patient refused, so instead of laying the vagina and rectum in one, I carried the incision from the ulcer in the vagina and rectum obliquely between their coats, laterally and backwards two thirds of an inch to the right of the rectum, dividing the sphincter and its whole width.* I apprehended great trouble, as I expected she would not be able to retain the feces; but it was not the case, though she said she could not command the involuntary discharge of air and liquid, &c., for some days. The cure in this case was extremely tedious; I salivated, made use of stimulating injections, gave balsam copaiva, quinine, iodine, &c. But her recovery was eventually perfect. She has now enjoyed good health for several years.

In the year 1825 I was called to a patient of Dr. Samuel Smith's, of Bristol, who by a fall on the stake of a hay-cart, received a wound which lacerated the rectum and bladder. The wound in the bladder was at least two inches in length; so that hay and feces passed from the rectum into the bladder. The mode of treatment in this case was to introduce a catheter of elastic gum into the bladder, and let it there

* Here the young surgeon will not misunderstand me; no portion of the vagina should by any means be divided. Of this we must be certain.

remain till the wound in it should be healed ; as the wound of the bladder did not correspond with that of the rectum when the bladder was empty, and by drawing off the water once every half hour by means of a small syringe introduced into the catheter, the bladder was kept in a collapsed state till the wound was healed, which required about one month. But after the wound was healed, another difficulty occurred, which threatened to render abortive all that had been done ; there were seeds of grass left in the bladder, which had formed nuclei for small calculi, from the size of a pigeon shot to that of a duck shot. The procedure which Dr. Smith adopted in this case was to seek for a solvent for these stones ; and he found that the marine acid, when largely diluted, was the most perfect solvent ; it dissolved all the stony part, and left them merely a soft pulp. By injecting the marine acid, properly diluted, into the bladder, and retaining it as long as could conveniently be borne, and then removing it by a small syringe, the catheter still remaining in the bladder, this difficulty was removed, and the patient finally restored to a comfortable state of health. *Query*: Why could not a treatment similar to this be adopted in the early stages of gravel ?

I have had occasion to operate in several cases of imperforate rectum, all of which proved fatal, save one ; though in every instance the child seemed much relieved by the operation.

Stricture of the Rectum.—In the year 1822 I was called, in consultation, to a case considered to be colic. The colon was swollen as large as a man's arm. The integuments of the abdomen were so extended as plainly to show the track and shape of the colon. Several strong cathartics were given, but to no effect ; the patient died about the third day. Leave being obtained, the body was examined ; but what was supposed to have been colic, was found to be a stricture of the rectum. The woman, some years prior to this illness, while walking across a rough, rocky field, fell on a stone. The blow was on the superior part of the sacrum. After this she was troubled with pain and inflammation of the part, which finally terminated in an abscess, and was discharged by the rectum. She afterwards occasionally had pain in the back, and discharges of pus per anum. But I do not know that she consulted any physician, or made use of any remedy. Nothing of this was known to any of her attending physicians till after her death. On the examination of the parts by dissection, the superior part of the rectum, for about two inches, was found to be hard and thickened, the calibre of which was so diminished that it would scarcely admit the point of the little finger ; on the superior part of this stricture, there was a fungous excrescence, which shut down and closed the stricture like a valve. Had this woman's case been known, her life doubtless might have been prolonged, and possibly the disease removed.

In another case of stricture of the rectum, in which I was called in consultation, the patient's health was much impaired ; she had hectic fever, night sweats, &c. There was ulceration of the rectum, which was fistulous, the fistula terminating in the perineum. In this case the stricture was about three inches up the rectum ; the walls of the rectum

were much thickened, rather hard and callous ; and above this thickening there was a strong, tendinous band, which formed a circle, almost obliterating the calibre of the rectum. The mode of operating in this case was by introducing the fore finger of the right hand into the rectum, and penetrating the stricture (which would hardly admit of a pipe-stem) with the point of the finger, which was effected with considerable difficulty ; then with the left hand a probe was introduced by the fistulous opening in the perineum, till felt in the rectum by the fore finger of the right hand ; then by an assistant, a small, well-shaped director was introduced into the rectum, guided by the probe, which was still kept there, till it was felt by the fore finger of the right hand. The probe was then withdrawn ; and the operator, taking the director with the thumb and fore finger of his left hand, and gently pressing its point against the point of the index finger of the right hand, and the part of the director in the left being firmly supported by bringing down its point by the fore finger of the right hand, all that portion of the rectum below the ulcer, with the stricture, was made to protrude and appear externally. The parts were now examined as they laid on the director, and the fistula and stricture freely divided : but as the coats of the rectum were much thickened, hard and callous, it was necessary to bring down other portions of the tendinous ring and divide them. A bougie of three fourths of an inch was first used, and afterwards of an inch diameter.

This mode of operating was first suggested to me by the late Dr. Nathan Smith, formerly professor of Anatomy and Surgery at Dartmouth College. But it should never be done except by very gentle means ; it is much safer to push the rectum upwards than to pull it downwards. We cannot well operate in this manner more than three inches up the rectum ; in the superior part it would be extremely difficult and hazardous.

Franklin, N. H., March 23d, 1840.

JOE WILSON.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1840.

CLASS BOOK OF ANATOMY.

MR. R. S. DAVIS has published, the past week, a fourth revised edition of the *Class Book of Anatomy*. Although originally designed for schools, where its utility has been long established, students of medicine, and even those who have no particular desire to retain anything more than an elementary knowledge of the science on which is based the practice of physic and surgery, have become its distinguished patrons. The special object of the author, when the work first appeared in 1834, is thus expressed in the preface : "Should it, in the hands of public instructors, be instrumental in explaining to the young a general knowledge of their own curious organization, it may lead to the adoption of such habits in early life as will insure health in youth and intellectual vigor in age."

An impression that anatomy should be studied, like other useful sub-

jects, as an integral part of an education, in this age, has become very general. The public mind perceives the utility of it, and hence it is no longer a matter of doubt whether an anatomical book, written on a popular plan, will succeed or not. Such assistants are called for from every section of this country where useful knowledge is appreciated.

Louisville Medical Institute.—Since the mention made, two weeks ago, of the difficulties in this institution in regard to the chair of surgery, a gentleman has narrated to us a history of the circumstances. It seems that some few students memorialized the trustees, and set forth certain grievances—if such they could be called—of very little consequence in themselves, for it seems impossible that students could be the best judges of what a professor should do in the business of public instruction. However, at this juncture, one of the faculty, whether on his own account or in behalf of others, is not precisely known, preferred a charge of incompetency against the professor of surgery.

It should be recollected that Dr. Flint, after his election, delivered one course of lectures—commencing with the organization of the Institute—to the perfect satisfaction of all who were interested in the character, usefulness and influence of the school. At least, such is the inference from the fact that he was selected, and with their free concurrence undoubtedly, to visit Europe expressly for the purpose of procuring apparatus, &c., for the newly-erected medical establishment, which was designed to be not only a powerful rival of the old Transylvania University School of Medicine at Lexington, but ultimately to become the Magnus Apollo of the West. The city of Louisville made the most liberal provisions for carrying into successful operation the great plan which had been proposed by the friends of the school. In the appointment of Dr. Flint, the citizens expressed their entire satisfaction, and when he was selected as the most suitable person to go abroad as a purchaser, with the funds generously appropriated by the City Council, not a whisper of disapprobation, as far as we can learn, was manifested. On his return, no mention is recollected to have been made of any dissatisfaction. On the contrary, the mission appears to have answered the expectations of all. But now, when the prospects of the school are in the highest degree encouraging, the phials of wrath are unexpectedly opened. Whether envy, or malice, or both, were at the bottom, we have no means of knowing. The supposition that Dr. Flint is incompetent to teach the principles and practice of operative surgery, is ridiculous in the extreme. It was an unlucky sort of offence for his persecutors to arraign him upon, as the event proved. Instead of being dismissed with dishonor, as it seems most likely his enemies had hoped, the trustees, to their lasting honor, sustained him triumphantly. Thus defeated, the aggressing party—so says report—took breath a while, and gained a little strength for a renewal of hostilities. Another meeting of the board of control was called, but the issue of their deliberations has not yet reached us.

That it has been determined upon, by somebody, that Dr. Flint shall quit the post, cannot be doubted. Whether he can be dragooned out of Kentucky, remains to be decided. In the mean time, it is desirable that the immediate friends of the doctor, which compose a respectable majority of the medical men of Louisville, in connection with the body of the people, should not commit themselves. Dr. Flint is abundantly able to sus-

tain himself against a battalion of such adversaries as now assail him. But we sincerely hope that he will not think it worth while to waste strength against such determined foes. Let the professorship go a-begging—and, in resigning, he will heap coals of fire on the heads of open enemies, who would prefer war to peace, because it is their only road to distinction.

Bowdoin College.—A catalogue of this institution shows a good number of medical students, viz., 70, which very nearly equals the patronage of some of the metropolitan schools. Medical graduates the present year, exceed those of former seasons. But as the population is rapidly increasing, it is presumed the profession is justly proportioned to the wants of the people.

Foreign Correspondence.—Dr. Harlan's communication is concluded in this number of the Journal. This gentleman, while in Europe, has certainly laid the medical press under particular obligations. Notwithstanding the multiplied demands made upon his time since his arrival in France, he has written not only long letters home, but those of a very interesting kind to the profession. It is only in this way that we can gain those minute details which unfold the true state of things in the world of science abroad. There is a vivacity in Dr. Harlan's notes, accompanied by the philosophical reflections of a critical observer. In the course of the ensuing month it is expected he will return to Philadelphia, the place of his residence.

Filling Teeth.—In an art so intimately connected with beauty, comfort and health, it is gratifying to find that in our own country, at least, so much industry and talent are enlisted. Indeed it is acknowledged that in one operation of dental surgery (the filling of teeth), much greater care is exercised, and more correct pathological principles required by scientific dentists here, than by the profession on the continent of Europe, or even in England, with some few exceptions. We allude to the removal of *all the diseased portion* of the tooth, before the filling is inserted into the cavity, instead of what we understand to be the European practice, of boring a symmetrical hole, which may or may not include all the carious parts in its neighborhood. We were led to make the foregoing remarks by observing at the late Fair at Quincy Hall, some specimens of loaded teeth, which were exceedingly well done by Dr. Hitchcock, of this city, and for which he received the premium. The extent to which disease had been allowed to progress in some of these specimens, forcibly impresses upon us the importance of early attention to what may, at a seasonable period, be most easily and effectually treated.

Mammary Abscess mistaken for Scirrhus.—The best surgeons, it must be confessed, are sometimes mistaken in the diagnosis of disease. The following is an example:—

C. C., 23 years of age, not married, perceived, about two months ago, a tumor in the left breast. She consulted M. Roux, who advised her to enter the Hotel Dieu. M. Roux examined the breast on several occasions: there was no apparent knottiness or fluctuation; the color of the skin was

normal ; nevertheless M. Roux determined on operating for supposed scirrhous. Two semi-elliptical incisions, about four to five inches in length, embraced the greater part of the mamma, and the surgeon was about to extirpate the gland, when an accidental touch of the scalpel near the lowest point of the tumor, gave issue to an immense quantity of pus. The operation was, of course, suspended, and simple dressings were applied. The patient soon recovered.—*French Lancet*.

Medical Miscellany.—The number of legitimate births in Paris in 1839, was 18,237. Of the 5240 infants received in 1839 at the foundling hospital of that city, 1238 were known to be children of English parents.—The London bill of mortality for the week ending the 21st ult. was 462 males and 446 females.—We understand the number of students matriculated thus far at the Vermont Medical College, and in daily attendance, is between 70 and 80. At Castleton the class is said not to be so large.—A young lady dangerously ill at a female academy at McSherry's town, in consequence of the rapid advance of fire which ultimately destroyed the building, fled, barefooted, two hundred rods, protected only by a counterpane from the elements, but when found, she was perfectly restored to health. Therefore a fright is a remedy for disease!—A bill has been passed in the Legislature of New York, appropriating \$15,000 per annum for 20 years, from the passenger-money income at the quarantine, to extend the benefits of the New York State Hospital to the indigent.—A giant boy, who is a native of Richmond, Va., is about being exhibited. He was born in May, 1836, and is, therefore, not far from 3 years and 11 months old. He is *four feet* tall, and weighs 100 pounds, combined with the strength of a lad of 16. His voice, whiskers and physical developments are those of a man of 25 or 30, though in intellect he remains a child.—Mrs. Gove's lectures on anatomy and physiology are about being published.—Dr. Bedford is lecturing in New York before the Stuyvesant Institute, on Anatomy and Physiology.—Dr. Gross's System of Pathological Anatomy is receiving the meed of praise wherever it has been received.—Mr. Combe, the distinguished phrenological philosopher, will sail from New York next month, for Scotland, having been in the United States about two years. Those who have had the happiness to make an acquaintance with him, will not soon forget so good a man.—The Albany Medical College has undergone several changes among its professors, which we shall particularize hereafter.—We understand that Frank H. Hamilton, M.D., of Auburn, N. Y., has accepted the professorship of Surgery in the Medical Institution of Geneva College. His talents and the reputation he has acquired as a teacher of the same branch, at the Fairfield Medical College, render him a valuable acquisition to the institution.—We perceive that Part VI. of Copland's Dictionary is just published in London.

TO CORRESPONDENTS.—In addition to communications on hand, already referred to, the following have been received, and will be inserted as soon as the present crowded state of our pages will admit:—Dr. E. North on the Gastric Juice, Dr. Comstock's second case of Tetanus, Dr. Bartlett's history of the case of Mollities Ossium, and Dr. Glysson's case of Spinal Irritation.

Number of deaths in Boston for the week ending April 25, 36.—Males, 22—females, 14. Stillborn, 2. Of consumption, 2—scarlet fever, 6—convulsions, 1—child-bed, 1—mortification, 1—decline, 1—pleurisy, 1—infantile, 2—lung fever, 3—fits, 3—inflammation of the bowels, 1—smallpox, 2—rash, 1—typhous fever, 1—burn, 2—dropsy on the brain, 1—suicide, 1—stoppage in the bowels, 1—scrofula, 1.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov. 20, 1839.

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JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. G. WILEY, Jan. 29—ep1mcop6m H. I. BOWDITCH, J. V. C. SMITH.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

IN offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—1y

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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No. 13.

DR. NORTH'S MEDICAL REPORTS AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Accompanying this, I forward you several extracts from my medical case book, kept here during the two past seasons. As there are large numbers of invalids here, during the season, from the northern and middle States, where your Journal extensively circulates, I supposed it might be interesting to your professional readers to hear further on the nature of the Saratoga waters, their adaptation to the removal of diseases, and the forms of the complaints that would most likely be benefited by their use. The more common forms of dyspepsia, bilious derangement, and other functional disorders of the alimentary canal, I have not noticed at all; as these difficulties are removed, almost as a matter of course, by the waters, and physicians would deem it a waste of time to peruse the details of the treatment. Should you insert the communication, I must beg forgiveness of you and your readers for its negligent dress. The language, particularly in describing the symptoms, is generally a mere transcript of the original entries made during the perplexities of our short but bustling season. In speaking of the Congress Spring, in the south part of the village, I have supposed most medical men to understand that this is THE Saratoga Spring, and the water the same as is usually found in our cities in bottles. The old Flat Rock and High Rock Springs are known as chalybeate springs. The Putnam, or New Congress, though an excellent and powerful water, has had no authentic analysis. Within 18 months a new and peculiar spring has been constructed, by the combination and curbing of two or three old fountains, in the north-east part of the village. It is called the Walton or Iodine Spring. This spring contains much less table salt and carbonate of lime than the Congress, and only about one fifth of the iron. Containing nearly an equal amount of carbonate of magnesia and precisely the same of hydriodate of soda as the Congress, and, at the same time, such redundant quantities of carbonic acid gas as to burst many bottles in which it is put up for market, and to render it extremely grateful and invigorating when drank at the fountain; we feel as if this spring is to prove an important acquisition both to the village and to the public by its adaptation to a peculiar class of diseases. This water is now to be had in bottles in various cities, and will soon be supplied, probably, very widely, as it is in the hands of an active company. This

is as it should be. Both the Congress and the Iodine waters ought to be on sale in every city and every village, of any size, from Maine to Louisiana. The analyses of these two springs are contained in a small work entitled "Saratoga Waters, or the Invalid at Saratoga," published by myself this spring. It is for sale by Spaulding & Storrs, Hartford, Ct., and by M. W. Dodd, New York, to whom booksellers and others are referred. Should you receive no copy from Hartford, I beg you will ask some invalid from Boston to call on me that I may furnish you. In that little work will be found some new views of cold, shower and warm bathing, in which the reasons for "scalding" some of my patients, and subjecting others to cold baths, are stated; with an attempt to establish a mode of correctly discriminating in all cases, both here, and by the bedside of the patient in the daily routine of the practitioner, the kind of bath to be used. I must beg pardon for adding that the faculty ought not to be satisfied till the powerful, revulsive impressions that can be effected by cold baths, by cold shower baths, passed slowly through the outlet of a watering pot and through very fine punctures; and, also, by hot baths of 110 and 112 degress, which I have in many instances prescribed, are directed and graduated upon principles so clear as to leave the practitioner at ease in the application of a powerful adjunct to his general therapeutic agents. There will also be found details of the method of using these waters as an alterative and tonic, and three cases in illustration. But I must close these preliminary remarks, already too protracted, and will only add that I remain your obliged friend and servant,

MIL0 L. NORTH.

Saratoga Springs, April 10th, 1840.

CASE I. *Chronic Hepatitis combined with severe Pneumonic Disease.*—July 7, 1838, Mrs. R., a lady apparently about 40, consulted me for the following difficulties:—Deranged bilious and menstrual secretions; indigestion; pale face; loss of appetite and flesh; small, rapid and wiry pulse; fixed pain in right side of thorax, at times so severe as to require the lancet; constant cough; scanty expectoration; prolabia and tongue very pale, the latter containing deep sulci, smooth, shining, and without fur at all times.

I permitted her to commence at once the use of the Congress water in the morning as a cathartic, hoping to qualify its bracing tendency by 3 i. antimonial wine, taken each night at bed-time. This did not prevent an aggravation of her cough, pain of side and other inflammatory symptoms. The pain and shortness of breath became so severe that on the 9th July I had to resort to a small bleeding, to suspend the water, give 4 grs. pulv. antimonialis every four hours, and order frictions over the chest with the oil of croton. July 10. Pain of side slightly relieved; pulse softer and slower. Continue pulv. ant. and antimonial wine; take 3 ss. sulphate magnesia every morning; also $\frac{1}{2}$ gr. op. and 1 gr. calomel every 8 hours; continue the frictions. 11th. Pain of chest much relieved. Cont. medicines. 12th. Improving. Continue medicines, and take 4 tumblers Congress water every morning. In a few days Mrs. R. was able to take the waters freely, with a diminished use of the medi-

cines, and she soon suspended the medicines altogether. She left us after three or four weeks' residence here, with health and spirits very much improved, which state continued through the following winter. The next summer (1839) she spent several weeks here in tolerable health and in high spirits, taking the Congress freely and favorably.

The above case is very similar to many instances recorded in my journal, in which the use of the mineral waters, from being at first decidedly detrimental, was rendered not only tolerable, but beneficial and agreeable by temporary adaptation of qualifying medicines.

CASE II. *Hemiplegia*.—July 11, 1838. Mr. U., of L., Mass.; aged about 50. Paralytic condition of right arm and leg for one year and a half. They have both a sensation of great heat constantly. This symptom is exceedingly troublesome. The sense of heat in the arm is much relieved when the hand is elevated, and both limbs are easier when the patient is horizontal. These limbs possess no natural feeling: they are morbidly sensitive and very tender on pressure. No increase of absolute caloric; pulse hard and wiry, equable and slow. Is florid; weighs 180 lbs., formerly 240 lbs. No disorder of digestive organs, or of any organs except brain, nerves and sanguiferous system.

Treatment.—Bleed 16 oz. from palsied arm. The blood buffy. Take every morning $\frac{1}{2}$ oz. Epsom salts and $1\frac{1}{2}$ tumbler Congress water. July 14. Feels lighter and every way better. Continue Epsom salts; take three tumblers of Congress, mornings; frictions to the arm with liniment of ammonia. 18th. Bled 14 oz.; continue. 27th. Has been absent on a short excursion. Is much improved. Mr. U. staid two or three weeks more, constantly improving under the use of the Congress water and the medicines above mentioned.

CASE III. *Bilious Disorder*.—July 27, 1838. Mr. D., from one of the cities of Connecticut; age, say 36. Has constant pain in the region of the liver. Worse in the afternoon and evening. Paroxysms resemble those of gall-stones. Urine, saffron colored. Countenance sallow. Acid stomach. Tongue furred. Rapidly losing flesh and strength. Mind feeble and confused.

Treatment.—Four tumblers of Congress and $\frac{1}{2}$ oz. Epsom salts every morning; 3 i. ant. wine, nights, at bed-time; also $\frac{3}{4}$ gr. opium and 1 gr. calomel night and morning; hot bath, daily, for 30 minutes at 110 degrees, as an antispasmodic and revulsive. He amended at once, and so rapidly that in a week or ten days he left here with all his difficulties removed. I saw Mr. D., Feb. 1840. Had enjoyed uniform health. I ought to have said, too, I saw him here last summer (1839) dancing attendance at the dipping-room of the Congress Spring—not as an invalid—but, probably, in honor of the fountain at whose streams he had formerly received such signal relief, and also to lay up a stock of health for the ensuing year.

CASE IV. *Long-continued Costiveness*.—July 30, 1838. Miss B., say 35, from Massachusetts. Pulse hard and 100; amenorrhœa; flatulence and indigestion; very nervous and apprehensive; eyes wild; obstinately costive.

Treatment.—R. Ext. hyosciami, ʒij.; carb. ammoniæ, ʒij.; cam-

phoræ, ʒi.; mucilag. acaciæ, q. s. Miscæ. Ft. pilulæ 20. One pill to be taken four times daily; also ʒi. ant. wine at bed-time; a thorough dose of Epsom salts and senna every morning. After continuing this course about 6 days, during which the bowels were thoroughly evacuated, the pulse softer and slower, the nerves quieted, and all her sufferings mitigated, she re-commenced the use of the Congress water, which she thought had injured her when taken without medicines, previously to consulting me. She rapidly convalesced, and soon returned home, enjoying a comfortable degree of health. She was here again last summer, but on an excursion of pleasure with other friends.

CASE V. *Dyspepsia, with weakness of Spine and pain of Shoulders*.—Mr. G. I., of L., Vt., say 26, has been long afflicted with such pain and weakness of spine and upper extremities as to prevent his laboring at all. He is also troubled with indigestion. No tenderness of spine on pressure; countenance, flesh, tongue and pulse, normal. He spent three weeks here in 1838, and 8½ weeks in 1839, ending August 6th. He tried various fountains, but finally preferred the Congress. He took baths, but used few medicines. His amendment the first summer was scarcely perceptible. But as he had lost all hope of every other remedy, he resolved to make a thorough trial in the season of 1839. This firm resolve proved of great importance to him, for he perceived very little improvement till the end of five weeks. From this time, however, using the Congress water simply as a purgative, he convalesced with quite as much rapidity as ordinary invalids, and he left us nearly well.

The case of Mr. I. proves not only the medicinal power of the water, but the sound discretion of the patient, who took it for granted that long-continued and deep-seated disease required time as well as efficient remedies for its removal.

CASE VI. *Salt Rheum. Psoriasis Diffusa*.—June 23, 1839. Mrs. T. M., say 35, from Connecticut. Has been troubled with the disease from childhood. One and a half year since, it attacked the face for the first time, and it has since occupied the face and hands constantly. Three weeks ago her face was very much swollen. The hands often swell. Her flesh as usual. General health miserable.

Treatment.—One blue pill at night; ʒ ss. vin. antimonii before meals, and ʒi. at bed-time. Seven tumblers Congress in the morning. Bath at 90 degrees, every 2d day, of the mineral water. July 1st. The eruption has already diminished. The wine produces no disturbance of stomach. Thorough catharsis and without irritation. 5th. Doing very well. After spending a few weeks in this course she left here for home, with the eruption scarcely perceptible on the face, hands or body, and her general health, spirits and appetite never better.

Note.—I have several cases on record which were as speedily and thoroughly benefited as Mrs. M.'s, by the combined operation of Congress water, bathing and medicines. I ought to add, too, that there were several invalids of this class under my direction who experienced little benefit from the springs. It was my unhappiness to have quite a number of instances under my care last season of that intractable disease

—*acne punctata*, or pustular eruption on the face. The pustules often suppurated, discharging pus and blood. In some, the whole surface of the face, except where the pustules were located, was of a fiery-red color. In every instance, the affection of the face appeared to be the sequel of chronic disease seated elsewhere; or else the outlet or point of revulsion of some visceral disease, as, for instance, that of the liver, the morbid action often alternating from one point to the other, and vice versa; and sometimes apparently equally divided between the two. To some of these cases I administered the most powerful and approved remedies, in conjunction with Congress water and bathing; such as bleeding, emetics, large doses of calomel, blue pills, compound powder of rhubarb, iodine, antimonials; and, externally, blisters to the face, various lotions and solution of nitrate of silver. In two or three instances the amendment was so decided as to promise a cure, could a reasonable time be allowed. Yet the whole results indicate a want of power in the waters to cure a genuine case of acne without the aid of medicines.

CASE VII. *Nurses' Sore Mouth*.—July 3, 1839. Mrs. S., the wife of a clergyman, came to the Springs two weeks since from Vermont, laboring under this disease. The mouth, fauces and throat were covered with the eruption, the digestive function nearly null, with much weakness of the spinal column; great loss of flesh and strength; countenance sallow. In the winter she was compelled to wean the child. Yet nothing seemed of any benefit to her till she began to take of the Congress water in bottles at home. This proved exceedingly grateful to the hot membranes of the throat, fauces and stomach, and was of just sufficient power to keep the disease at bay. Since her residence here her husband carries her daily to the Springs, where she takes it from nature's own laboratory, lively and sparkling, and in large quantities. Her difficulties appear to be wholly gone, and she is soon to leave for home. She has taken no medicine, confining her potations principally to the Congress fountain. She has taken a few draughts from the chalybeate springs. This instance shows not only the power of the medicine, but its superior efficacy when taken freely and at the fountain head.

Mrs. S. related another instance of this disease occurring in the same town, in the wife of a distinguished dentist. Her mouth became so full of canker and ulcers that she was obliged to wean the child immediately. All remedies failed till she commenced the use of Congress water, in bottles, which speedily arrested the disease and produced decided amelioration. She used the remedy all winter. A Mrs. H., in that town, has also been greatly benefited by the same remedy. She thinks she should be wholly cured if she could come to the Springs.

My apology for saying so much on this complaint is its occasional obstinacy, and the desire to spread before the medical public another promising remedy when other expedients fail.

[To be continued.]

VELPEAU'S TREATISE ON DISEASES OF THE BREAST.*

[Communicated for the Boston Medical and Surgical Journal.]

"THE suction of the infant is the determining cause of *excoriation*, cracks or fissures of and around the nipple. They tend rapidly to resolution on removal of, or protection from, the cause. The chief protection or remedy is a well-applied artificial nipple.

In sub-mammary, or deep-seated inflammation of the breast, its volume is sometimes tripled in 48 hours. Resolution of the sub-cutaneous or deep-seated inflammation, after 5 or 6 days' continuance, seems nearly impossible.

Tumefaction of the breast in the last months of pregnancy, and in nurses, is occasioned by milk retained in the ducts, thickened and concreted, perhaps under exposure of the breast to cold, or long interval from nursing: any consequent inflammation is aggravated by application of liniments.

If a milk-duct becomes obstructed or obliterated, the milk behind the obstacle may distend the duct, transform it into a cyst, the opening of which may become *fistulous*. If during lactation, a duct be divided, the wound may, by continual passage of milk, become a *fistula*, which would soon close under cessation of lactation. Fistula of the breast does not seem to need all the attention and care which some surgeons have for a numbers of years given to it.

In glandular *hypertrophy* of the breast, calomel, antimony, purgatives, "emmenagogues," topical astringents or "resolutives," do not appear to have produced any satisfactory result. These divers remedies are not without danger to the system.—Iodine, given so as to transfuse all the organs,† would be the most powerful remedy.

This hypertrophy is little known in France. I have seen it twice. One of the women, æt. 18, had the gland as large as an adult head, the other was half as large. She seemed in perfect health. In the other, æt. 40, mother of several children, the glands acquired thrice their natural size in 20 months; general corpulence had not augmented. The women suffered not at all.

Fatty hypertrophy is very rare. The rest of the body emaciates, the fatty cells of the breast seeming to receive the materials which are usually distributed through the body.

There is a cancer, very common, a *ligneous* transformation of the breast, principally of the skin. It is almost useless to treat it surgically, as it is reproduced with extreme obstinacy.

Ramified scirrhus is most difficult of entire removal, and therefore most likely to be reproduced.

In a case of *glandular* scirrhus every part of the tumor was removed with the integuments, the wound of the operation was reduced 4-5, everything seemed to promise speedy cure, when the disease appeared

* Treatise on Diseases of the Breast, by M. Velpeau, Surg. of the Hospital of Charity, Prof. of the Fac. of Med. of Paris, &c. Translated by S. Parkman, M.D., &c., of Boston, for Dunglison's Amer. Med. Library, Philadelphia.

† How is the system affected by an agent which transfuses itself into all the organs while it is hoped to be repressing undue growth of the breast? Is this general effect, if bad, less than the trouble which it is hoped to repress?

in the other breast.—This species in persons advanced in life sometimes exists 15—20 years without compromising life.

I removed a tumor which seemed to occupy the *milk-tubes*. When cicatrization was 2-3 completed, ichor replaced suppuration towards the arm-pit, the glands of which began to tumefy. I seized with a hook and extirpated them. The wound cicatrized: an abscess appeared soon after in the arm-pit, was opened and disappeared; scirrhus masses appeared after some months and caused death in less than a year.

Induration of a part or of the whole of the gland, with deep-seated, dull and lancinating pain, the gland appearing knotted, left to itself often disappears. I have never seen it become scirrhus or encephaloid. It never requires ablation.

In *nodosities* or *granulations* around the gland and under border of pectoral muscle, touch is painful, the pain constant, usually sharp, lancinating, radiating in all directions; like neuralgia, in paroxysms. Women are so tormented by them they dare not move the arm or head; the least contact of dress torments.—This disorder seems connected with the state of the womb; it may continue several years, but ought not to give solicitude to the surgeon. In progress of age it seldom fails to disappear. I have never seen unpleasant transformation of it.

Sometimes there are only radiating pains with slight heat and numbness in the breast, or a tumor towards the arm-pit no larger than a nut, particularly towards the menstrual period. A corset contrived to keep the breasts inwards rather than towards arm-pit, is an essential part of cure. The disease need not excite alarm; an operation is almost never required.

Serous or *hydatid cysts* of the breast are very rare; they should be treated like hydrocele or a large abscess; extirpation should be proposed after failure. Sero-sanguineous cysts are entirely local, without pain or affection of health. Not unfrequently they are stationary several years, and then disappear spontaneously.

Fibrinous tumors may extend almost indefinitely without compromising life: they have only very slight tendency to degenerate.

Butter-like, milky or cheesy tumor.—Dec. 1837, a woman presented an indolent tumor of the breast, of the size of two fists, movable, without redness; it began 8 months before, after lactation. After complete extirpation, it did not delay its re-appearance. May, 1838, it is of the size of an infant's head.—Many tumors seem to originate in effusion of milk, blood, lymph and pus.

A blow or friction sometimes calls a person's attention to the existence of *scirrhus* of the breast. This tends extremely to re-production, or to occur simultaneously in some organs, forming a most unpleasant prognosis. We should not resort to caustics and the knife before being certain that the disease is confined to this gland. Extirpation offers more chance of cure in males than females.

Under the fungous, *medullary-encephaloid* tumor, the sufferer succumbs in a few months. In extirpating it, we fear its re-production with renewed intensity, with greater obstinacy, in a few weeks or months, around the cicatrix in the arm-pit or organs, as I have seen fifty times,

even in young, healthy, strong people. — —, æt. 36, of moderate flesh, always in perfect health, had for 8 months an enlargement of the breast, of the size of the fist. I removed it with half an inch of healthy tissue surrounding it. In a month cure seemed complete. A fortnight later, like tumors began to accumulate so as to stifle her before 4 months. — From a lady's breast I extirpated a fungoid tumor, cutting deep into the healthy tissue. Hardly was the wound healed when small tumors appeared. Another surgeon operated again. She died 4 months after. — With the operation, I think a few women may be cured, if the disease appear absolutely local and removable totally without too much difficulty or loss of substance.

Colloid tumors are of consistence of jelly, as obstinate to cure as the two preceding, and as re-productive.

Melanotic tumors are nearly always accompanied with deep constitutional alteration; surgical means are almost always inefficacious.

Thus—nearly all the degenerations of the breast are malignant. We know nothing satisfactory upon their origin.

[*Boston, March 7th, 1840.*—Mr. H. æt. 23, had for 16 months a swelling under the right nipple; for three months past, sensibly enlarging and becoming more painful. The nipple double the size of the left, and darker. The tumor is hard, irregular, and in three lobulated, but not detached portions, and in its largest diameter 3 inches; slightly movable; the nipple and integument covering it may be freely moved over it; painful on pressure, so that he cannot wear his suspenders in the usual direction; occasionally, when not exposed to pressure, there is sharp pain in it. H. is of robust figure, good health, except stricture across the chest, aggravated by singing, to which he is much devoted, and at times a slight cough.

Cupping over the tumor to 3 iss. Mr. H. being faint, could obtain no more blood; vegetable and farinaceous diet; sulph. magnesia, 3i.

12th. Tumor less sensitive, not painful unless pressed.

15th. Cupping to 3iiss.

April 3d. Mr. H. has had, since March 27th, an attack of pneumonia of the right lung, with reference to which he has been bled freely, taken antimonials and antiphlogistic treatment. Tumor is a third its original size, bears considerable pressure without much pain; in coughing a pain darts from it towards the shoulder. Cupping over tumor to 3 iss.

20th. Tumor not perceptible, except that there is a fullness about the nipple. No pain from pressure.—J. H. D.]

That some tumors have disappeared under use of ext. of conium, iodine, arsenic, opium, I will not deny: it is doubtful if a scirrhus, encephaloid, colloid, melanotic has so disappeared. Under rigorous abstinence the growth of a tumor may have been checked; but on resumption of more substantial regimen, its development is not delayed.—Compression of cancerous tumors promotes their absorption into internal organs and reproduction in other parts. These means, affecting the general health, give to the disease greater power over the constitution. The suffering under zinc-paste and other escharotics is horrible for 24—

48 hours.—From operations under deteriorated health or secondary tumors in the arm-pit, everything is to be feared. (*See page 210.*)

[In recording reports of cases, it must be considered that the history is often incomplete. It is stated—after the operation “the wound healed favorably, he was well in 15 days.” Yet his family wrote some time after, “He has since undergone several operations, disease having appeared elsewhere; he has no hope of relief from his sufferings but in death.”—“From a healthy, good-looking man, æt. 52, a tumor of 30 years’ standing is removed. The bad symptoms disappeared and the patient is recovering.” Yet, he died 5 months after the operation from strangulation consequent to a series of hemorrhages from the uncicatrized part, attended with cough and prostration of strength. “Removal of a tumor is performed; it will give great relief.” Yet death followed the operation in 15—20 days; the wound did not heal, &c. &c.]

In removing tumors of the breast, the patient should be on a bed or operation-table, properly furnished, not on a chair. If we hope for the least chance of success, the last atom of the disease must be extirpated.”

CASE OF MOLLITIES OSSIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In answer to repeated calls made in your periodical respecting the singular and instructive case of *Mollities Ossium* which occurred recently in Cornish, I will take it upon myself, as none of the physicians residing in a more immediate neighborhood seem to have answered the requests, to forward to you a brief sketch of what has come to my knowledge concerning it, from consulting directly the family friends and assisting in a post-mortem examination.

On the 30th of November last, I made a visit to Cornish (about 10 miles from this place), in hopes to see and converse with Miss Lucy Harrington, the subject of this notice, and gain from her what information I could respecting her case; but learned, just before arriving there, that she had died the day before. After inspecting the corpse and noting down the principal points in her history, a post-mortem examination was proposed and cheerfully acceded to by the family, which was accordingly made on the following day.

It may be proper to remark here, before giving the result of the examination, that Miss H., æt. 43 years, had naturally a good constitution and comparatively a perfect form. Stature some over five feet, at the maximum height. Lived on a promiscuous diet. Enjoyed her health as well as people in general up to January, 1838, except a cervical trouble (which was first noticed in May, 1837), and a “cancer on the breast” about that time, to which a vagabond “cancer doctor” applying a plaster, digested out a portion of it. Soon after this (Jan. 1838) she began to “grow out of shape,” as they expressed it, which continually increased till her death. During this period the bones in every part of the body, not excepting those of the jaw, face, skull, fingers, &c., were fractured repeatedly, causing extremely acute pain at

the time. The thigh bones were broken four or five times each ; also the humeri, producing a loud, snapping noise, like the breaking of any bone. These occurred spontaneously, and were preceded by a kind of spasm of the threatened limb or part. Right clavicle was fractured in June, 1838, it being the first bone broken. Her body was so contracted by tortuosity of the limbs and absorption, that she measured, between extremes, but 31 inches, presenting a more melancholy spectacle of human deformity than can well be imagined.

On post-mortem dissection, the lungs were found strongly adherent to the right side (probably in consequence of an inflammation of that organ about a year previous), and a portion of them hepatized. Heart nearly natural—auricles perhaps a little enlarged. Stomach presented some signs of previous inflammation, the mucous membrane being specked with red, and somewhat arborescent in its appearance. Bladder and spleen proper. Each kidney contained gravel in its pelvis, but showed no mark of organic disease. In fine, the general apparent condition of all the viscera did not depart much from that of nature. The ribs were extremely fragile and soft, in common with the other bones, and portions of them absorbed entirely away, so as to leave them in two or three separate pieces attached only by membrane. Some of the finger bones were in the same condition, and all shorter than natural, and disproportionate to each other. The little one of the left hand was almost entirely obliterated. The humerus and femur were amputated, and without the assistance of any other instrument than the scalpel. To be sure, the bones were not without some granular deposite, but so destitute of a regular organization that a knife could easily sever them in almost any part of the body.

It would seem, from some circumstances in this case, that a preternatural absorption of the limy particles of bone was more the cause of this disease than a deficiency in the secretion of them, as has been supposed by some writers.

Miss H. took no medicine during her confinement, except morphine to quiet severe pain and distress. I must not forget to mention a kind of glutinous exudation from the skin with which she was covered at times, leaving, on becoming dry, a thin, whitish, earthy-looking incrustation, easily removed by rubbing. Whether this had any connection or direct intimacy with the disappearance of the earthy matter from the bones, or was a deposite entirely distinct from it, remains yet to be decided. Whether the "cancer on the breast" had any influence or not, is also a question. Everything, in fact, relating to this rare disease, except its dreadfully deforming ravages, is of an obscure nature. Fortunately it is a rare one.

Thus have I incoherently thrown together this hasty and imperfect sketch, which you can dispose of as you think fit.

Claremont, N. H., April 22, 1840.

Respectfully yours,

ALBERT BARTLETT.

ON THE GASTRIC JUICE.

[Communicated for the Boston Medical and Surgical Journal.]

It is known that the vitality of some vegetables and some animals is not destroyed by frost. I have proved, by experiments, that a similar law exists in regard to the human gastric juice; and for the first time, in the annals of science, as I believe. It may gratify curiosity, if it be not otherwise useful, to have the fact recorded. This juice is known to be a vital secretion, done by the stomach, instead of a chemical retort. It must, therefore, be more physiological, to regard it as a vital, rather than a chemical, menstruum. Neither do we regard the menstrual secretion as chemical.

In illustration, two drachms of gastric juice were given to me by the well-known Dr. Beaumont, when he was in New London, as taken by his tube from the stomach of ALEXIS ST. MARTIN, the once wounded and now mutilated Canadian. This has now been kept in a small phial six years, winter and summer, in a room without fire. I have seen it frozen and thawed, I know not how many times. It is now as clear, sweet and fresh as it was when it first came into my possession. It doubtless could be made to digest animal and vegetable food. It does not freeze so readily as water. It freezes at 10 or 12 degrees below the freezing point of the common thermometer. Would any other human juice resist the destructive action of frost to such a degree? The menstrual secretion has been kept, in a phial, in good condition for many years; yet whether frozen or not, is not told.

Finally, *scientific secrets* have ceased to be fashionable; unless some, in anatomy and physiology, as that of the brain, be an exception. We are now encouraged, by law, to speak, write and publish on all subjects whatever. This last act must, however, often be done at one's own expense, if done at all, for readers often neglect to pay for what may be published; and likewise for other goods or stationary. The Pilgrim's Progress in Phrenology, and other physiological and medical books, as those of Bichat, cannot be sold, save to a few. Correct intention may be shown by the publication of a book, if it be not much sold. Its views may be promulgated by others. ELISHA NORTH, M.D.

New London, Ct., April, 1840.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 6, 1840.

MEDICAL EDUCATION.

A PAMPHLET, re-printed from the Eclectic Journal of Medicine for April, 1840, has astonished us by its developments. The title-page reads thus: "*An Essay on the means of improving Medical Education, and elevating Medical Character. By Andrew Boardman, M.D. Presented to the Faculty of Geneva College, January, 1840.*" The essay, as discoverable

in the sequel, in consequence of certain views maintained in it, was rejected. The introduction is a master-piece exposition of wilful misrepresentations on the part of those most interested in the Geneva school. In probing the College to show its non-fulfilment of promises, Dr. Boardman has given all those who deserve it, broadside upon broadside that must be felt to be severely just.

"I attended," says Dr. B., "the lectures of Geneva College during the session of 1839-40, and graduated at the end of the term. I here introduce a comparison between the promises held out in the college circular as inducements to medical students, and the mode in which those promises were fulfilled.

"PROMISE OF THE CIRCULAR.—That the course on Chemistry should be delivered by a doctor of medicine.

"*Fulfilment.*—The Chemical course was delivered by a doctor of divinity, who acknowledged, in my hearing, that he had often to lecture from notes which he had not looked at for five or six years before bringing them into the lecture room.

"PROMISE.—That a course of lectures on Medical Jurisprudence should be delivered.

"*Fulfilment.*—We were not favored with a single lecture on the subject.

"PROMISE.—That there should be a course of lectures on Physiology.

"*Fulfilment.*—No such course was delivered.

"PROMISE.—That the Anatomical class should have a full supply of subjects for dissection.

"*Fulfilment.*—Not a single subject was provided for dissection during the whole session, though students deposited money for them at the rate of \$40 a subject at the commencement of the term. Nor was there more than a single subject, and that a very poor one, used for demonstration during the entire anatomical course.

"PROMISE.—That the students, attending Geneva College, should have the great advantage of clinical instruction at the Western Hospital, an institution connected with the medical school.

"*Fulfilment.*—The Western Hospital consisted of the second floor of an old building labelled in large letters, '*Geneva Shoe-store*,' and during the whole session it contained *not one* medical patient, and *only one* surgical patient. I was house-surgeon, and performed my daily rounds for a considerable time, by going from one side of the bed of a quiet old negress to the other. Attracted by the reputation of the surgical professor, however, many patients came in from the surrounding country, on whom operations were performed before the class.

"PROMISE OF THE ANATOMICAL PROFESSOR.—That a special diploma should be presented to the best practical anatomist of the graduating class.

"*Fulfilment.*—Such diploma, with the heading '*palman qui meruit ferat*,' was made out in my favor; but no means of acquiring practical skill having been afforded, and no tests of practical skill having been applied, I declined the proffered honor."

Although not wishing to copy the dissertation, since it appears in a cotemporary periodical, yet we would urge it upon the attention of the profession as particularly worthy of an attentive perusal. If Dr. Boardman has too highly colored things, it remains for the faculty to set the matter right, as it generally happens that there are two sides to a story. All the gold (of the medal, also promised in the Circular) any one obtained,

might have been put in one's eye, with impunity, says report. This subject will receive further attention.

Bold Surgical Operation.—About a year since, a seaman belonging to a barque on an outward-bound voyage from Boston, had the misfortune to fall about forty feet, from aloft to the deck. A terrible compound fracture of the thigh was the consequence. The shaft of the os femoris is represented to have protruded through the wound five or six inches. Though the captain had had no experience whatever in surgery, he saw at once that an immediate effort to restore the bone to its bed within the muscles, should be made, and to accomplish the business he proceeded in the following manner :

The sailor was *stayed*, nautically speaking, bolt upright against the mainmast. A tackle and pulley was next rigged to the foot, to which the men tugged away, as they would have hove short at an anchor. However, with the best endeavors, with all the power that could be thus applied, the splintered extremity of the bone proved intolerably refractory, and refused to go back again by full two inches, and, in spite of blocks, still stuck out of the wound. Perceiving that a desperate case required desperate means, a maxim familiar to surgeons, the captain next took the best saw he could muster on board, and amputated the portion of bone he could not reduce within the rent, which was a block about two inches in length. Having adjusted the parts and secured them with splints, &c., the patient was made tolerably comfortable till the vessel reached New Orleans. He remained a considerable time in the hospital at that place, and finally, within a few weeks, returned again to Boston. Owing to some splinters, probably, which are a source of irritation, a fistulous discharge has been kept up for several months.

But one part of the story is rather amusing, as related by an old tar, which should not be omitted. Before this severe accident occurred, the other leg, from some cause not explained to us, was too short, by about two inches. As things have now terminated, Jack will hereafter look the better for the operation. Formerly, he went like a ship in a gale, with the starboard quarter, at every other step, close to the ground. In a word, he was obliged to limp ; but in consequence of being razed, or cut down shorter, as ship carpenters serve old men-of-war which are rotten in their upper works, he will hereafter sail on an even keel.

Syrup of Poppies.—Dr. Corbett, of the Shaker Society at Canterbury, N. H., has made a mucilaginous preparation from the poppy head, which meets with a very kind reception from the profession. Its use in obstinate coughs is decidedly good, without affecting the system like most of the preparations of opium. Not yet having had sufficient opportunity for testing its value, we rely upon the testimony of those who could have no motive for misrepresentation.

Another equally deserving medicinal compound, called the *concentrated syrup of sarsaparilla*, is also prepared by our philanthropic friend, expressly for the cure of cutaneous diseases. Were there any secret in the manufacture of either of these articles, or a single reason for supposing that the idea of driving a profitable trade in nostrums, were entertained, we should be the last person in the world to give them notoriety. In the

frankest manner possible, the process of making them was circumstantially described to us, and the evidence of scientific practitioners adduced to corroborate the statements of Dr. Corbett. In justice, therefore, to him, we should be glad to have our professional friends prescribe them with a view of ascertaining whether others have been deceived or not. Of all things, panaceas are to be avoided: no specific will meet with countenance at our hands. If new and economical modes of extracting the medicinal properties of plants are discovered, and freely offered to the community, we feel bound to ascertain, as far as practicable, if they are entitled to confidence.

White Sulphur Springs of Virginia.—J. J. Moorman, M.D., resident physician at this celebrated watering place, has prepared a neat and convenient little pamphlet, which is called—“*A Directory for the use of the White Sulphur Waters, with practical Remarks on their Properties and applicability to particular Diseases.*” A copy has been politely forwarded to us, for which the author will please accept our thanks.

No one pretends to question the medicinal value of these waters in a variety of diseases. We frankly declare ourselves, however, to be disbelievers in the curative energies of any mineral water, to the extent represented by those who are interested in them as property. When commenting upon Dr. Gallup's notes upon the Clarendon Spring, we could not resist saying, if we spoke candidly, that the water effected too much. So it is, we apprehend, with the White Sulphur fountains—too much is promised. There must be some apology for travelling, annually, and as a general rule, the further invalids go, the better. Those waters are always the best and the most highly appreciated, which cost the individual the greatest labor and expense to reach. If the Saratoga fountains could be removed two hundred miles beyond the Sulphur Springs, it is quite certain that no others would compare with them. *Far fetched and dear bought* applies especially to mineral waters. Where is our young friend Dr. Salisbury? It will not do to lose sight of our own healing pools of New England.

Dr. Moorman writes, however, like a scientific man, who is intent upon doing good and doing well for the proprietors—and we sincerely hope he may succeed in both.

Cancer (in continuation of remarks on page 204).—A simple tumor, or disease of mere irritation from near or remote sympathy, is often mistaken for formidable cancer!—CHARLES BELL.

The almost certain recurrence or coexistence of disease in remote parts of the body, particularly in some vital organ, which so constantly happens in fungoid affections and carcinoma, after the local complaint seemed completely removed, has induced many practitioners to decline operation altogether. My experience and extensive opportunities of witnessing others' practice, convince me such decision is best.—HENRY EARLE.

When the surgeon has removed external cancer, the internal disease frequently begins to manifest itself in the breast, liver, kidneys, lymphatic glands, bones, &c.—MARSHALL HALL.

See also page 278 of last volume of this Journal.

New London Medical Society.—At the annual meeting of the New London County Med. Society, held in Norwich, Ct. April 9th, 1840, Avery

Downer, M.D., of Preston, was elected *Chairman*, and Rufus W. Mathewson, M.D., of Norwich, *Clerk*, for the ensuing year. The following gentlemen were elected Fellows, to represent this County in the annual convention of the Connecticut Medical Society, to be holden at New Haven on Wednesday, the 13th inst.:—Joseph Comstock, M.D., of *Lebanon*; Lucius Tyler, M.D., of *Griswold*; Nathaniel S. Perkins, M.D., of *New London*; Joseph Durfey, M.D., of *Groton*; and Avery Downer, M.D., of *Preston*.

On the Prevention of Tubercles.—In a letter addressed to the Royal Academy of Medicine, M. Coster announces that, from certain experiments which he has made, he hopes to prove,

1. That it is possible, even in the face of predisposing causes, to prevent the development of the tubercular diathesis.

2. That even where the formation of tubercle has commenced, their progress may, in a great number of cases, be arrested.

The following are a few of the experiments upon which M. Coster has built up his hopes:—

Two years ago he placed a number of dogs, rabbits, &c., in the circumstances most favorable to the development of the scrofulous diathesis. Thus, many of the unfortunate animals were shut up in dungeons, without light, incapable of moving, and exposed to a moist cold by means of wet sponges which were hung up in the cages. Some of the animals placed in these conditions, were fed on their ordinary diet; others were fed with *ferruginous* bread, containing $\frac{1}{2}$ oz. of carbonate of iron to the pound. All the former became ill, the greater part tuberculous, but not one of those fed on the bread containing iron presented a trace of tubercles.—*Bul. de l'Acad.*

Albany Medical College.—At a meeting of the Trustees of this institution, held on the first day of April, the department of *Materia Medica* and *Pharmacy* was changed to *Materia Medica* and *Natural History*, and the department of *Chemistry* and *Natural History* was changed to *Chemistry* and *Pharmacy*. Professor D. M. McLachlan was elected Professor of *Obstetrics* and *Diseases of Women and Children*, in place of Professor Bedford, resigned. Professor E. Emmons was elected Professor of *Materia Medica* and *Natural History*, in place of Professor McLachlan; and Lewis C. Beck, M.D., of *Rutger's College*, was elected Professor of *Chemistry* and *Pharmacy*, in place of Professor E. Emmons.

A bill now before the Legislature provides for a small annual appropriation from the fund of the State, which it is believed will give the College advantages which, together with those already in its possession, cannot fail to place it among the first and most prosperous of the land.

DIED.—At Northampton, Ms., Dr. Elisha Mather, 48.—At Rindge, N. H., Dr. Tho. Jewett, of a scirrhus stomach.—At Paris, Jan. 23, Baron Richerand, 61. His fame, as a physiologist, is almost universally extended over the globe.—At Göttingen, Jan. 22, Prof. Blumenbach, 83, equally celebrated as a medical philosopher and instructor.

Number of deaths in Boston for the week ending May 2, 29.—Males, 17—females, 12. Stillborn, 2.

Of consumption, 6—marasmus, 2—inflammation of the lungs, 1—dropsy on the brain, 2—small-pox, 2—debility, 1—lock jaw, 1—crispelas, 1—palsy, 1—infantile, 1—decline, 1—intemperance, 1—land scurvy, 1—delirium tremens, 1—lung fever, 3—affection of the heart, 1—casualty, 1—dropsy on the chest, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. April.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun r.	P.M. 2	Mid n.	Sun r.	P.M. 2	Mid n.			
1 Wed.	30 34 33			29.37	29.35	29.34	S E	Snow	Snow squalls. Crocus in bloom.
2 Thur.	32 37 38			29.35	29.50	29.51	N W	Fair	Ground covered with snow; high wind.
3 Frid.	30 54 50			29.52	29.35	29.27	S W	Fair	Pleasant day. Strong south wind.
4 Satur.	49 46 48			28.87	28.93	29.01	N W	Fair	Willow in blossom. Aurora borealis.
5 Sun.	35 46 43			29.21	29.27	29.31	N W	Fair	High wind. Frogs peep.
6 Mon.	30 45 41			29.48	29.46	29.48	N W	Fair	High wind. Severe frost.
7 Tues.	29 40 38			29.55	29.58	29.59	N W	Fair	High wind.
8 Wed.	25 42 42			29.74	29.73	29.70	N W	Fair	Sun dog.
9 Thur.	21 49 40			29.83	29.86	29.82	S	Fair	Pleasant day.
10 Frid.	39 62 56			29.71	29.66	29.63	S	Fair	Windy, dry and dusty. Liverwort in blos.
11 Satur.	49 65 60			29.67	29.68	29.65	S	Fair	Buffalo bush in blossom. Rain in night.
12 Sun.	54 58 58			29.50	29.38	29.22	S E	Rain	Severe storm of rain.
13 Mon.	41 50 48			29.30	29.55	29.64	N W	Fair	High wind. Cowslip in blossom.
14 Tues.	32 55 47			29.75	29.66	29.60	S E	Fair	White frost. Rain in the night.
15 Wed.	41 61 57			29.48	29.48	29.43	S	Fair	Aurora borealis.
16 Thur.	44 66 56			29.48	29.50	29.46	S	Fair	Dixca or Leather wood in blossom.
17 Frid.	44 65 56			29.50	29.15	29.11	S W	Fair	High wind.
18 Satur.	54 73 64			29.36	29.28	29.26	S W	Fair	High wind. Dry and dusty.
19 Sun.	50 54 51			29.43	29.55	29.62	N	Fair	Bloodroot and Red Maple in blossom.
20 Mon.	34 56 49			29.64	29.54	29.54	S W	Fair	High wind. Fever bush in blossom.
21 Tues.	32 51 45			29.64	29.80	29.76	S W	Fair	Calm and pleas't. Trailing arbutus in blos.
22 Wed.	34 51 51			29.72	29.53	29.40	S E	Cloudy	Severe storm of rain. Trillium in blossom.
23 Thur.	54 78 70			29.18	29.19	29.25	S W	Fair	Dandelion and apricot in blossom.
24 Frid.	62 74 69			29.30	29.40	29.45	N W	Fair	Potentilla simplex and Wind flower in blos.
25 Satur.	50 75 68			29.56	29.53	29.48	N	Fair	Missouri currant, shad bush, in blos. Thun.
26 Sun.	60 76 67			29.40	29.24	29.16	S	Fair	Cherry trees in blos. [and light, in night.
27 Mon.	50 48 48			29.04	29 58	29.76	W	Fair	High wind.
28 Tues.	33 46 44			29.98	30.00	29.99	S E	dr	
29 Wed.	42 71 42			29.80	29.60	29.43	N E	rain	Wild Honeysuckle in blossom.
30 Thur.	17 65 59			29.08	29.14	29.19	N W	air	High wind.

SEVERAL THOUSAND COPIES OF DESLANDES' TREATISE ON THE DISEASES PRODUCED BY EXCESSES, have been sold the past year. Price 50 cents. For sale by OTIS, BROADERS & CO., No. 120 Washington street (up stairs).

Extract from the Boston Medical and Surgical Journal.—"If it were once freely circulated, the tendency would be beneficial, because, like an alarm gun, it would give warning in season to arrest a threatening danger."

Extract of a letter from Dr. Woodward, Superintendent of the Insane Hospital at Worcester.—"That it is a most frightful source of ill health and fatal disease with the young, I have no doubt; I hope, therefore, it will go into extensive circulation."

Extract of a letter from Dr. J. W. Francis, New York.—"The volume as now published will prove eminently useful, and deserves the consideration of all to whom is committed the responsible trust of moral and physical education."

Extract of a letter from Dr. Doane, New York.—"The subject is extremely important, and one too much overlooked by our profession generally, and the evils of the vice are not appreciated by our community."

Extract of a letter from Dr. Winslow Lewis, Jr., Boston.—"To none can the work do harm, and to many it may give rise to that deep self-trust which will forever free them from this fatal vice."

For sale in Lowell, by E. A. Rice & Co. In Nashua, by Bulfinch & Gill. In Salem, by H. Whipple.

April 15—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—4t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$4.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXII.

WEDNESDAY, MAY 13, 1840.

No. 14.

DR. NORTH'S MEDICAL REPORTS AT SARATOGA.

[Concluded from page 201.]

CASE VIII. *Asthma*.—Mrs. Whitcomb, of Lower Canada, aged about 40, has been afflicted with asthma for six years. Since Sept., 1837, she has been utterly unable to labor. During the winter of 1838-9 she scarcely assumed the horizontal posture, but was obliged to sit up all night, with dyspnœa so agonizing that she often sprang upon her feet as if in the very act of suffocation. She had fixed pain in the shoulders, indigestion, loss of appetite and costiveness. She frequently took emetics of lobelia and capsicum; also of tartrate of antimony. She smoked stramonium leaves without measure. But this and all other remedies failed; and she was supposed, in the spring of 1839, to be near her end. Her flesh was almost entirely gone. In this condition, in June of the same season, she came to a full resolve, independently of her medical advisers, to try the waters of Saratoga as a last resort. Her weakness and emaciation were so great that her friends and neighbors supposed they were taking their final leave of her on her departure. She came on with her husband in their own chaise, and rode but 10 miles the first day. During the journey she was so strongly dissuaded, by a physician of great distinction, from risking her lung complaints at the fountains of this village, that she returned towards home 15 miles. After a sleepless night, however, she once more turned her course towards Saratoga, and arrived here in the latter end of June, without any perceptible benefit from the journey. She commenced the use of the Flat Rock Spring, one of the chalybeate fountains. This water produced such an aggravation of her dyspnœa that she was obliged, at the end of two or three days, to take an emetic. She then took, every morning, four tumblers of the Congress Spring, and during the rest of the day drank from 12 to 16 tumblers of the Iodine Spring. These waters, in these large doses, proved not only powerfully cathartic, but exhilarating. Her appetite immediately improved, and, in a few days, she was so voracious and ate so much that she was greatly ashamed of her performances at table. In the course of four weeks her dyspnœa had entirely left her, night and day; the pain in her shoulders was removed; her flesh rapidly increased; her sensations all became comfortable, and she returned to Canada, supposing herself perfectly cured.

On reaching home she immediately experienced the return of her old enemy. At the end of about two months she was nearly as bad as when she left home in June, and she and her husband left all and came to Saratoga for the winter. They arrived about Oct. 10th, 1839. Being situated close to the Iodine Springs, she took that only, and to the amount of 12 to 16 tumblers daily. She seldom drank less than two quarts. She immediately began to recover, on reaching Saratoga, and, although she has had considerable dyspnœa at times, particularly during colds, yet she has not failed to sleep pretty comfortably every night, has had good appetite and spirits, and has accomplished considerable labor. Late in the fall she spent three or four days in the south part of the village, during which time she took the Congress water exclusively. Although this proved quite as much or more purgative than the Iodine, yet she felt no relief. It did not appear to injure her; it merely proved, according to her account, ineffectual in removing her distresses. The Iodine water was, on the contrary, immediately and sensibly beneficial, invigorating and cordial, and directly diminishing any existing difficulty of breathing. She has, consequently, since then, confined her potations to the Iodine Spring, and is now, April 2, 1840, in usual flesh and strength, sleeps comfortably, and is in full expectation that, by continuing here through the summer, she shall wholly eradicate the disease. Her observation on the comparative effects of the two springs, as far as one instance goes, would show that, in the discovery of the Iodine Spring, the public are put in possession of an additional remedy which is more adapted to particular cases than the other fountains.

I have seen this lady, for the first time, this afternoon, April 2d, 1840; and, from a minute investigation, I conclude that hers is a case of asthma of the *atonic* kind, as her pulse is very soft; and that it depends on disorder of the abdominal viscera. The facts that she took a long journey in 1838 without any benefit, and that her ride to Saratoga, a distance of 200 miles, twice in 1839, was without any apparent effect; that, moreover, she has taken no medicine during her trial of the waters, and that those waters were attended with *sensible* relief—amount to strong proof that these waters are possessed of powerful efficacy in removing most distressing and alarming functional derangements depending on diseased action in the chylipoietic viscera.

CASE IX. Chronic Nephritis and Cystitis.—July 22, 1839. Rev. Mr. S., from Vermont, aged about 55. Great and constant pain about the bladder and kidneys. Has to pass urine many times during the night, with much pain. The cellular tissue over the whole body seems enlarged, hard and full. Pulse very hard, but slow. Appetite, tongue, countenance, as usual. Walks stooping. Riding painful. *Treatment.*—Bleed to 16 oz.; half gr. op. and 1 gr. calomel every four hours, accompanied with 15 gts. antimonial wine. 3 vi. sulph. magnesia, every morning, omitting Congress water, which he thinks has aggravated his complaints. 27th. Omit the cal. and op.; continue the drops and Epsom salts; bath at 90 degrees every second day. 28th. Bleed 14 oz.; continue others. 29th. Pulse much softer; pain of bladder nearly gone;

but one or two evacuations from bladder during night, and those easy ; walking, riding, and bodily motions, more comfortable.

Hoping that the entonic action was so far reduced that I could bring the waters to act on the urinary organs in such large quantities as to transcend the cathartic action, and to pass off through these organs as a thorough diuretic, I ordered him to take very light breakfasts, and to take, every forenoon, from 12 to 16 tumblers of the Congress water, and to continue the baths. The scheme proved a decided failure. In the course of five days the pulse became as wiry as ever, and the inflammatory symptoms, with his accustomed sufferings, returned. I was compelled to abandon the use of the water and resort to spare diet, the lancet, and other depletory measures. In a few days he again became quite comfortable, and left Saratoga rapidly convalescing on a course of abstinence and antiphlogistic treatment.

Note.—Although many disorders of an entonic character have so far yielded to a reducing course, under my direction, as to bear the waters in full doses and with the usual benefit, yet, occasionally, as in this case, I have been obliged to regret the attempt and recur to the usual means of reducing inflammatory action.

CASE X. Diabetes.—Although this case of diabetes did not fall under my own observation, the history of it is so direct, and the cure of the disease by the ordinary methods so difficult and tedious, that I hope to be pardoned for introducing it. An invalid consulted my friend, Dr. Perry, of this village, in the summer of 1839, for some common complaint. During the investigation Dr. Perry learned that he had been here some seasons before for diabetes, and that he was perfectly and permanently cured. As the man had the appearance of honesty and intelligence, Dr. P. questioned him particularly, and learned, that on his own responsibility he came on here and drank a gallon a day of the Congress water, living on light diet. The result was, a speedy and thorough recovery. This case should be characterized "*Homœopathic theory versus Homœopathic practice.*" Who can doubt that the cure was accomplished by the factitious diuresis transcending and supplanting the morbid diuresis, produced by a very compound diuretic of a peculiar character?—or, if the reader prefers, by transplanting the general derangement of the chylipoietic organs on which this morbid secretion depended? Yet, instead of the decillionth part of a tumbler, the patient kept his stomach full of the medicine ; nay, made it a reservoir from which the absorbents were constantly pumping the medicine and conveying it through the circulating mass to the kidneys. As it is undoubtedly true that some of the wide-spread readers of this Journal have cases of this kind under their care at the present time, it is respectfully suggested to them to try the Saratoga waters. Let the patient have a spare diet and take daily six bottles of the Congress or Iodine waters. Let him be watched ; and if the saccharine secretion be suspended, and the urine like that of any one taking a similar quantity, he should come immediately to the fountains. If the pulse is *soft* and *slow*, a hot bath containing table salt, at the temperature of 100 degrees, increasing gradually to 110, and taken twice daily, would be a powerful auxiliary by

retaining, for some hours a day, several pounds of extra blood in the cutaneous capillaries.

CASE XI. *Chronic Gastritis*.—August 1, 1839. Col. W. G. R., from Connecticut. Has spent seven years at the South. For three years past has had what he calls dyspepsia. Great tenderness at epigastrium on pressure; bowels regular; tongue smooth; pulse 84 and hard; constant and extreme vertigo; is always very wretched, unless under the most rigid diet; considers life a burden. *Treatment*.—Four grs. pulv. ant. combined with loaf sugar and gum arabic, at 6—10—2—6—10. One teaspoonful calcined magnesia, and from two to six tumblers Congress water in the morning. 10th. Pulse 72 and softer. Is improving. Continue remedies. Soon after this he returned to Connecticut much amended, and provided with a large supply of the water in bottles. On the 11th of September the report from him was that he was "well"—so well, indeed, that he had no use for his beverage, and was enjoying life as others around him.

CASE XII. *Strictured Urethra*.—August 5, 1839. Mr. H., of N. Y. Has had gonorrhœa. Some discharge yet, of a gleety character. Strangury very troublesome; has had to pass the bougie often; is florid and of full habit; pulse very hard; constant pain near the kidneys; was lately much injured by the common prescription of balsam of copaiva and cubebs. *Treatment*.—Sulphate magnesia and four tumblers of the Congress water every morning; bath of mineral water daily at 85 degrees; $\frac{1}{2}$ gr. op. and 1 gr. cal. every 6 hours for three days, then night and morning. Within one or two weeks he was so well that he returned to his friends.

CASE XIII. *Hypochondriasis. Sudden and total suspension of the excessive Use of Tobacco*.—July 26, 1839. G. B. A., a merchant from Massachusetts. Severe pain, during last 11 weeks, in the stomach, left hypogastrium, left hip and left shoulder; strange sensation of motion in stomach, as if suddenly jerked; flatulence; pulse strong; voracious appetite. For 20 years has hardly failed to be under the narcotic influence of tobacco, unless when asleep. Has also drank tea and coffee in large quantity and very strong. Is miserably hypochondriacal, the prey of groundless apprehensions and anomalous nervous disorders. *Treatment*.—1 gr. cal., $\frac{3}{4}$ gr. op. in a pill, night and morning; four to six tumblers Congress water in the morning, with $\frac{3}{4}$ oz. Epsom salts; bath daily at 90 degrees; also an entire relinquishment of tobacco from this day, in all its forms. 28th. Has voluntarily abandoned tea and coffee along with the tobacco; fully resolved, live or die, to exist no longer in a condition so unnatural and so horrid. I can scarcely credit him when he says he has experienced no collapse from the disuse of tobacco, tea and coffee. 30th. Still improving. Continue all except the salts. Aug. 1. No operation from the water. Recur to the sulphate of magnesia, and continue the other remedies. 13th. Has continued the treatment. Leaves town to-day. Says his sensations for three days past have been more comfortable than for many years. His hypochondriacal depressions not wholly gone, yet scarcely annoying. Is delighted with his calmness and equanimity, and feels not the least desire for the tobacco.

Note.—I cannot account for the very trifling inconvenience of leaving off the tobacco in this extraordinary case. From a similar instance of a Mr. Root, from Enfield, Mass., who came under my care, July 31, 1839, and who suddenly discontinued a very free use of tobacco without any of that nervous sinking or mordacious longing after the drug, so much dreaded, I am strongly of the opinion that the exhilarating effect of the water, drank at the fountain and fully charged with gas, is the true cause why the victims to this tyrannical and destructive habit were able to burst their bonds with so little trouble. For the sake of this pitiable class of invalids, I hope to be able to test this opinion more fully the coming season.

DR. CHANNING'S DISCOURSE ON HOMŒOPATHY.*

[Communicated for the Boston Medical and Surgical Journal.]

THIS is an extremely plausible, and, indeed, well-written discourse, though by no means meriting the exaggerated encomiums which have been lavished upon it. The author's reasoning is extremely weak and inconclusive, abounding in fallacies, obvious, it would seem, to the most superficial reader. And yet it has been extolled as a model of logical acumen, calculated to carry conviction to the minds of the most sceptical. What has given currency to such an opinion, it were difficult to imagine, unless, indeed, it be the great stress which the author lays upon the importance of the Inductive Philosophy, and close observation of "the facts of nature." But it is not every professed follower of Bacon, who adheres to Bacon's rules of philosophizing; and we have never met with a more striking example of the violation of these rules, than in the discourse under consideration. We do not attribute this to the author's ignorance of these rules, so much as to the badness of the cause which he has undertaken to advocate. A false system cannot be proved to be true, by any process of reasoning known to philosophy. Close scrutiny will always detect some flaw in the argument, or some broken link in the chain of evidence. In the present instance, the author's premises are not only false, but every step of his ratiocination is based on hypothesis instead of fact. This shall be made fully to appear in the sequel.

We may premise that the grand object of the author is to defend the new doctrine of *Homœopathy*, and place it in the list of the inductive sciences. Those acquainted, at all, with the subject, know very well that this is indeed an arduous undertaking, and one never before attempted; and they will not feel disposed to think lightly of the author's powers, because he has failed of success, in an effort which must necessarily end in discomfiture. It requires, indeed, more than mortal arm to bring light out of such palpable darkness, and order out of such chaotic confusion, as enshroud and characterize the homœopathic system, so called; and we give the author great credit for his daring hardihood,

* The Reformation of Medical Science, demanded by Inductive Philosophy. A discourse delivered before the "New York Physicians' Society," on their anniversary, Nov. 21, 1838. By William Channing, M.D. Second edition, pp. 56.

in attempting such a miracle. He seems to have taken for his motto, "*Nil desperare*"!

It appears that this discourse was delivered before the New York Physicians' Society, and a manuscript copy requested to be deposited in its archives. The partiality of the author, however, contrary to the wishes of the members of the association, led to its publication; the author, therefore, and not the Society, must be held responsible for the appearance of the discourse.

We shall pass over the first few pages of the discourse, which are occupied with an exposition of the objects of the Society, and an enforcement of the claims of inductive philosophy. We see nothing objectionable here, unless it be a studied attempt to disparage the medical profession, and to bring contempt upon practical medicine, by representing it as, "at best, a mystical, and often merely a conjectural art." The Society might well say to such an advocate, "*non tui auxilio.*" The author should have recollected his own remark, that "a theory may be overturned, though every fact from which it emanated were incontrovertible." Thus, our theories of inflammation, for example, may be wrong, and yet our treatment of that disease highly proper; so in other cases. It does not follow that medical practice is not vastly improved, and highly successful, because there may be some visionary theories still extant. The practical benefits conferred by medical science upon the human family, are not to be estimated by such a standard. Sydenham was a highly successful practitioner, although he was a believer in the exploded doctrines of the humoral pathology. "To contradict past experience," says Dr. C., "is an indubitable mark of fallacy." Let homœopathy be judged by this rule, and it will have but little foundation for its support—for its very essence consists in a denial of all past experience, except among its own disciples.

After premising a few definitions, Dr. C. begins his argument by laying down the proposition, that "Exercise, within normal, or prescribed limits, is absolutely indispensable to the development and vigor of each and every function of the animal economy; and though the limits prescribed are not clearly defined, they are undoubtedly transcended, whenever, by reason of exercise, the vigor of any function, after normal rest, continues impaired. In this fundamental truth, that exercise is nature's indispensable agent in her work of developing and confirming the vital forces—an agent, within conservative limits, uniformly invigorating, and beyond these limits, as uniformly enfeebling every function or force of animal life—in this universal truth, we apprehend, lies the germ of a great principle," &c. Now, while we cheerfully concede to exercise all the importance which the author claims, as a means of invigorating and developing the various functions and organs of the system, in health, let us inquire what is this "great principle" deduced from the law of exercise. Expressed in Latin, it reads, "*Contraria contrariis corroborantur*"—that is, every organ and function is strengthened by the influence of that agent, which is its natural stimulus. Thus, the eye is strengthened by light, the ear by sound, the organ of smell by odors, the organ of taste by sapid articles, the sense of touch

by everything which produces the sensation of feeling, &c. "To these adverse or opposing forces," says our author, "every function is alike indebted for its earliest, its latest, its every manifestation of existence."

Let us test the doctrine further. What stimulates the liver to discharge its appropriate function of secreting bile? The *blood*, it will be answered. What stimulates the kidneys to secrete urine? The same answer, probably, will be given. What excites the cutaneous, and all the other secretions and excretions of the body? Now, it will be seen at a glance, that many of the organs and functions have nothing equivalent to an "adverse or opposing force;" for surely the blood will not so be considered, or, if it is, it will be opposed to the author's hypothesis of *specific* stimulants. Does not the reader perceive that Dr. C.'s "general principle" is a very *partial* one, applicable to the five senses, and the development of muscular power, only? The cases adduced in illustration of the principle, are, in addition to the above, the power of resisting atmospheric vicissitudes; of breathing, with impunity, marsh and other pestilential affluvia; and acclimation. But is the inhabitant of a marshy country exempt from attacks of intermittent and bilious fevers, from the fact that his system has been *strengthened* by the miasmatic poison, so as effectually to resist its influence? Does the old resident of New Orleans escape yellow fever, because the heat, and the damp, and the sultry atmosphere, have strengthened him against these powerful causes of disease? Or is it not rather, that by the influence of habit, these agents have ceased to exercise their former influence upon the system? For the same reason, the physician is mostly exempt from attacks of contagious diseases, to which he is so frequently exposed. But according to Dr. C.'s hypothesis, the *virus* or contagious principle of yellow fever, plague, smallpox, &c., is a very good thing to corroborate or strengthen the various organs, only let it be in "normal quantity" and not "in excess;" for we are told, that "of the myriads of active agents by which animal life is invested, *none is essentially inimical*; for none proves hostile, but through an excessive exhibition of its power." —(p. 26.) Is this indeed so? Then *carbonic acid gas*, *marsh miasm*, *hydrophobic virus*, *the poison of the rattlesnake*, &c., are all excellent "corroborators," *both in health and disease*, provided the dose be "within the limits of conservative re-action"! But as for ourselves, we are very well satisfied to remain deprived of these "strengtheners," excellent as our author esteems them. Let any person travel through a country where marsh effluvia abound, such as the valley of the Mississippi or the Campagna di Romana; the sallow, sickly aspect of the inhabitants, and their emaciated, tottering forms, will probably lead him to a far different conclusion from that of Dr. C.; he will have no desire to breathe, even in the minutest quantity, such a "corroborator" as the subtle poison which has devastated the fairest portions of our globe.

Now we appeal, not only to the reason of the philosopher, but to the common sense of every reader, whether facts will warrant the belief, that "every agent in nature" is absolutely friendly to animal life, and "none inimical." Daily observation and experience are utterly opposed to such a doctrine. Among the innumerable visionary hypotheses,

which have been ushered into the world, to fall stillborn, none more visionary and absurd than this, have ever been broached. "No agent," says our author, "is injurious, but in transcending the limits, beyond which the vital forces necessarily succumb"! This "grand law of animal existence"! so "unequivocally proclaimed by nature," is supposed to apply not only to physical but *moral* agents or powers. But is *grief* a strengthener of the vital forces? Who has not seen the silent, but gradual influence of this heart-corroding emotion, slowly poisoning the vital current, at its very fountain head? *Is any degree of grief conservative?* We might proceed to show the utter fallacy of the author's grand principle, by other illustrations; but we conceive it to be unnecessary. It is a bare hypothesis, opposed to all fact, and even contrary to the common sense of mankind. And this is the only foundation, which could be found, on which to erect the doctrine of *homœopathy*! And let it be borne in mind, that even should it be established that this is a law in health, it would still remain to be proved that it is applicable to a state of disease, an inference which the author takes for granted.

We are not surprised at the author's anxiety to find some general "law" or "principle" which may serve as a basis for his transcendental system of medicine, for hitherto homœopathy has stood forth, as a sort of anomalous hybrid, or fungous excrescence upon science, without vitality sufficient to prevent putrefaction. Indeed this is the first attempt, which has ever been made, to discover the principle from which the *similia similibus* doctrine is deduced, and even Hahnemann himself made no attempt to bring it within the legitimate domains of science. If Dr. C. has failed, it has been because the doctrine itself is false, and therefore can have no sound basis on which to rest.

We are told, that the *homœopathic* doctrine is an "inevitable corollary" of the "grand law of animal existence. *Contraria contrariis corroborantur*," but *how*, is not made to appear. Admitting even the *premises*, the *conclusion* by no means follows; it is to all intents a *non sequitur*. "Rejecting all speculations," he remarks, "on the inscrutable nature and essence of disease, and rejecting all pathological hypotheses," in other words, all *pathology*, "the physician confines his attention strictly to appreciable phenomena, and their inductive classification, as the only legitimate work of medical philosophy; he discerns in these, thus classified, the characteristic features of individual cases—and in each case respectively, that certain functions or forces of the living economy are specially invaded, requiring the aid of medicinal agents." Now, we may remark, incidentally, that it has been by this very process, that the present highly improved pathology of disease has been established; it is the legitimate result of the "observation and appreciation of phenomena" both of health and disease, and by a comparison of these with the changes witnessed after death. Our author, like all who have adopted his system, limits his view to a part, and that but a very small one, of the vast field of medical science; he would have us to watch symptoms, and observe the effects of remedies, like the empiric school of old, but the anatomical structure and the pathological changes,

"the nature and seat of disease," he would pass by, as of no consequence whatever. In this, however, he only imitates the visionary founder of his system, who not only rejects all these, but denies that nature possesses or exerts any recuperative energy, regarding her as a blind, mischievous intermeddler, not even ever stumbling into the right path!

But let us follow up our author in his *peculiar* mode of reasoning, and see how he deduces the doctrine of "*similia similibus curantur*" from his "grand principle." "The attention of the physician," he observes, "is first directed to the offending cause *which excited and may continue* the disturbance. This removed—" What next? We should have supposed that when the cause of the disease had been removed, the disease itself would have disappeared! But not so. The physician then "turns confidingly to the laws of life," &c. But supposing these laws to be unknown? No matter; *one* of them has been discovered by Dr. C., and that is, "*Contraria contrariis corroborantur*," and that is sufficient. Well, then, "obedient to its mandate, he selects, as the means of invigorating their re-action" (i. e. "the laws of life"!) "an agent specifically adverse to the yielding functions or forces." Very well; why not then select the article which is the *natural* "adverse agent" to the suffering organ? If the eye is diseased, light should be the remedy; for the ear, sound; for the smell, odors; for the lungs, air; for the stomach, food; for the liver—but that is an exception, for it has no "adverse agent"—and so of nine-tenths of the other organs and functions. "In other words, he prescribes the medicine, which acting pathogenetically upon an organism in health, affects in a similar manner the special functions or forces suffering under the attack. That is to say, he administers an agent, which, producing in the healthy organism, morbid phenomena similar to those manifest in the patient, is chosen in conformity with the well-known principle, '*similia similibus curantur*'"! This is about the finest specimen of the "*petitio principii*" mode of reasoning we have ever met with. "Every agent" in *health* "is, within conservative limits, uniformly invigorating;" *ergo*, in *disease*, those agents *only*, which produce symptoms similar to the disease, are adequate to remove it! This may be satisfactory reasoning for a homœopath, but it will answer for nobody else.

To illustrate, opium, for example, always produces, in a certain individual, headache, dizziness, ringing in the ears, &c. When laboring under these symptoms, therefore, occurring spontaneously, he takes opium, and is relieved; and this on the principle "*contraria contrariis corroborantur*"—or rather, its corollary "*similia*," &c. The efficacy of opium in this case, can only be explained on the supposition that it is a natural "corroborator" of the cerebral functions; and this reasoning is called by our author "inductive analysis"! We should rather call it visionary assumption. To show that we do not pervert the meaning of our author, we quote further: "Inasmuch as every agent, like exercise, is an agent, within conservative limits, uniformly invigorating, and beyond these limits as uniformly enfeebling every function or force of animal life, in its sphere of activity, and as the sole object of a medicinal agent, so se-

lected, is to *invigorate yielding forces or functions*, it follows, that only within these limits should the powers of such agent be exhibited." Now, the reader will not fail to observe, that on this hypothesis, *as all agents are invigorating*, they must only differ in *degree*; and as disease, according to the author's pathology, invariably consists in "*debility of the organ*," or a "*yielding of the forces or functions*," it ought to follow, that one remedy, acting specifically upon the diseased organ, would be as good as another, provided it be administered in a suitable dose. But this would by no means be admitted. But how are all agents corroborators? Does every agent strengthen *every part* and every function of the body; or, has each organ and function its particular, specific stimulus? If the former is true, then one article is as good a medicinal agent as another, making allowance for the difference in strength; if the latter, then there is an immense number of agents in nature, which have no corresponding organ or function. The *similia similibus* doctrine, however, can be deduced from neither supposition—for, after all, the question of *fact* would remain to be determined.

It will be perceived, then, that the author's reasoning is not only purely hypothetical, but his hypotheses are heaped upon each other, at least *three deep*. In the first place, it is hypothesis to say *that all agents in nature corroborate, or strengthen the vital forces*. It is hypothesis to say, that *in disease, the functions or forces always require corroborating*; the very reverse of which is often the case, as every practical physician knows. It is hypothesis to say, admitting the first supposition to be true, that the doctrine of homœopathy can be deduced from it; and lastly, it is hypothesis to say, that those agents which cause certain symptoms in health, will remove those symptoms in disease.

As the premises of Dr. C. are thus utterly untenable, we shall not trouble ourselves to refute his conclusions. If homœopathy has nothing more stable to rest upon, than the "*inductive reasoning*" of this discourse, it is more baseless than a vision. Though our author calls it "*the young and vigorous scion of Inductive Philosophy*," we should rather compare it to the withered gourd of Jonah. Should it, like the precocious plant of Nineveh, perish, as it has sprung up, in a night, we trust our amiable friend, the author, will summon to his aid all that Philosophy which he knows so well how to extol. CRITO.

HOME-SICKNESS.

DR. RUSH adduces, among the examples of strong yearning with which expatriated people recur to the objects and associations of early life, that of "*an Italian, in New York, who during the first part of his last sickness spoke English; in the middle, French; on the day of his death, only his own language.*"—A Lutheran minister, of Philadelphia, observed that the old Swedes on their death-beds prayed in their own language, though they had not spoken it for fifty or sixty years before. —A clergyman, of Lancaster, Pa., says—"In innumerable instances of my German hearers, they prayed in their last hours in their own lan-

guage, though hardly a word of German was spoken by them in health.” —Dr. Connor in early life renounced the Roman church; but in the delirium of a fever which preceded his death, prayed only in the form of that church.—The following is another example, and presents, also, an instance of the tendency to dissolution which seems to accompany an expectation, consciousness or desire of death’s approach.

Miss Jane A. Cranstoun was born in Scotland, 1760, of noble family by the father’s and mother’s side. She was sister of Mrs. Dugald Stewart, and in early life the intimate friend of Walter Scott. It appears that his character of *Die Vernon* was sketched from her.—In 1797 she married a German nobleman of the highest family, in Austria. He died in 1811, and her only child a few years after. She never returned to Scotland. In April, 1834, hearing that Capt. Basil Hall, son of one of her earliest intimate friends in Edinburgh, was in Italy, she wrote to him—“It will be doing me a great favor if you and Mrs. H. will bestow a visit on me. I am cut off from the tree of life. If you graciously visit me, you will draw back the veil and give me a glimpse of things, still, alas! too dear to me. When I dare hope to see you I will sign myself your grateful friend.—How unfeignedly happy shall I be to see you and your little ones. Your Scotch nursery-maid will revive me with the long-wished-for enjoyment of letting me hear once more the language of my heart.”

Capt. Hall says—“We joined her in Sept. She had been confined to her bed three years. She had met none who could duly sympathize with those early, deep-rooted, natural associations which had lost nothing of their force by the contact of foreign manners, and which had been rendered only the more dear to her. Under her circumstances, it was scarcely possible that she should attach herself strongly, or derive much comfort from any of the native families within her reach. She had the greatest horror at the idea of dying alone, without a friend to close her eyes, and under the exclusive care of servants. She had a vehement desire to establish in her castle an English family, who should devote their time chiefly to her, and whose tastes, habits, language, prejudices, might fall in with her own.—When, a month after, I proposed departure, I thought she would have expired. Earnest were her entreaties and touching her appeals that we would not desert her, ‘that I may enjoy as long as I can the society of my country-folks. You are the last of them I shall see. Deny me not the only pleasure left me. Every day you bestow on me I receive gratefully as a blessing. Die shortly I believe and hope I shall.’

“At the end of February she was in a feverish state, with cough. ‘Do not leave me to die among strangers! Stay to close my eyes and lay me in my grave.’ In a fortnight she was as well, her people said, as she had been for many years at this season. ‘You must be aware of the turn which things have been taking. My husband died March 22. On that day I think I shall die, happy if surrounded by friends. This, for many long years, has been my only wish.’ March 20, she was in a high fever, talking incoherently. March 22d, noon—‘I pray to be released. I die contented, when I have you to see me laid in my

grave, knowing that in spite of the fear which has haunted me so long, I shall not be left to die among strangers.' She died March 23, 9 P. M.

"From the histories of this intelligent and observant lady, I was led to notice the influence of political marriages, so common in that despotic region. When two young people are tied to one another, not restricted by principle, and still less invited to virtue; when their warmest and best feelings are wasted for want of generous employment, they are apt to indulge their passions, as soon as fitting objects come in their way; the formal chain by which their cold domestic relations have been held together is snapped in two at the first touch, and the solemn marriage vow takes the degraded rank of a dicer's oath. The causes which lead to this sad condition are instructive: they do not lie very deep and are easily explained.

"When marriages are formed, not from similarity of disposition, sympathy of feeling, and consequent affection, it were as reasonable to expect to gather figs of thistles as happiness from such unions. On eve of marriage, a young lady assumes to make herself agreeable; it is a piece of acting. The intended husband plays his part; 'his being is wrapped up in her; he is dying for her!' Honeymoon is little more than begun, when the parties appear to each other in their true colors, and prove that affection did not exist."

See also this Journal, Vol. 21, page 261.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 13, 1840.

IMAGINARY DISEASE.

WITHIN a few weeks two gentlemen have visited this city for the express purpose of obtaining medical advice, who have so long been the victims of imaginary disease, that it is questionable whether they ever recover from the baneful effects of excessive medication. The most extraordinary feature of these two cases consists in the fact that both individuals conceive themselves to have had confirmed syphilis; and yet they are wholly free from the complaint, and never had it, nor is it probable or hardly possible they could have contracted it. One of these gentlemen has gone the round of medicine; been salivated, and for fourteen months has exclusively devoted himself to the important business of taking doses almost every hour in the twenty-four. He commenced these insane doings with a tolerable constitution, and he is now an invalid. The other not only commenced with a determination of having the best medical advice, but added his own prescriptions to those of men who, either through ignorance or design, were picking his pocket by confirming his hallucinations. After becoming exceedingly enfeebled, he was satisfied that his wife and two children were tainted in the same manner. The more he contemplated their dreadful condition (although in perfect health), the more vigorously he determined to combat the insidious malady, lest by neglect they should ultimately fall into his own sad condition.

In this state of mind he came to Boston repeatedly, and at each visit he was assured, over and over again, that he was not diseased, and that he never had been: but so strongly had the impression been made that he alone was right, and all the physicians wrong, that reasoning with him was perfectly useless. When he announced the design of putting the family under a course of medicine, every effort was made to induce him to alter his intention, but ineffectually.

At this stage of affairs, this moral patient sought the healing influences of a notorious quack, whose anti-venereal drugs appeared to him to be the only remaining balm in Gilead. At the last interview had with this singular monomaniac, he represented his family to be in a fair way of recovery—though made considerably sick by what they were taking.

It is apprehended that a vast amount of physical injury is produced by unprincipled medical pretenders, who encourage this sort of maniacs in their crude or unfounded notions respecting their own health. There are others who fancy they have *veins, cancers, nervousness, too thick blood, enlarged livers, bilious stomachs, &c.*, and they are made absolutely wretched by a long course of unnecessary drugging, when the true disease is in the mind. The cases here cited are short, but pertinent illustrations of the truth of these observations.

History of the Mass. Med. Society.—In the May number of the American Quarterly Register, there is a compact article, of fourteen pages, devoted to the history of the Massachusetts Medical Society, by Ebenezer Alden, M.D., of Randolph, a highly respected member. It abounds with statistical facts, and even gives the names of all the fellows up to the present year. A complete catalogue of all officers and members, with the time of the death of many of them, from the organization of the Society on Nov. 1st, 1781, to 1840, may be found in it.

There can be no difference of opinion about the correctness or value of this historical sketch; but it will certainly be a subject of amazement that it should have been given to a work devoted to the interests of religion, where it will not be seen by more than one in twenty belonging to the Society. Indeed, it is a question whether the existence of the Quarterly Register, excellent as it is, is known to one fifth of the members. A medical journal is the appropriate place for medical things;—we should as soon have thought of reporting a case of measles in the Quarterly, as anything else appertaining to the domain of medicine; or inserting in our own pages an account of a foreign mission. These observations are not made with a particle of ill will. We admire the American Quarterly Register, and respect its reverend editors; and unhesitatingly say that Dr. Alden has laid the whole profession in Massachusetts under obligations to him, as a local medical historiographer; but it was a pity to place his work almost beyond the reach of those for whom it was expressly designed.

P. S.—Since the above observations were written, we have been assured that the object of inserting the communication in the Register, was to put the non-medical public in possession of the history of our excellent institution, against which the spirit of radicalism has been warring—with a view of disabusing the public mind, where any prejudices may exist against the general objects of the Society. If such was indeed the motive, the design meets our most cordial approval—knowing, as we do, that the *vox populi* has been loud against us; and the only mode of turn-

ing the current, is to show clearly, by historical documents, like the one under consideration, that the Society has been shamefully misrepresented by its enemies.

Dr. Brigham on the Brain.—It is gratifying to perceive that the work, by Dr. Brigham, of Hartford, Ct., alluded to some weeks since, meets with the decided approbation of medical readers. With the present prospect, the edition will soon be taken up, and should the author prepare another, additions might be made that would essentially enhance its value.

Books written for the purpose of propagating theories, are found, by sad experience, to be unprofitable affairs; but such as teach the best methods of curing diseases, are readily sought by all intelligent members of the profession.

Lectures on Moral Philosophy.—That indefatigable man, Mr. George Combe, universally known for his researches, has lately presented the public with a new work, which fully maintains the reputation of this last strong champion of phrenology. The variety of papers that have accumulated in the office, and which it is desirable to publish before they become stale from age, may interfere with an extended notice of this work for some two or three weeks to come. In the meanwhile it may be found at Marsh, Capen, Lyon & Webb's, whose names stand in the title-page as publishers, and also at a majority of the bookstores.

Club-foot Apparatus.—Dr. John B. Brown, of this city, well known to the community for his success in the management of spinal distortions, &c., in the Orthopedic Institution, has invented a very ingenious instrument for bringing the club-feet of young children into shape. So accurately adjusted are the cogs and endless screw, that with a small key the ankle or foot may be variously changed without removing the apparatus from the limb. To secure to himself the benefits of this discovery, it has been patented. This is as it should be—for the instrument must be extensively used. Those of the profession who are consulted in difficult cases of distortion, without knowing precisely what to do, will find a safe counsellor in Dr. Brown.

Hindustan.—Dr. Otis R. Bacher, of Holliston, Mass., will sail in the ship Gen. Harrison, on the 15th, for Hindostan, with the intention of being located permanently, as a practitioner of medicine and surgery, at Bolasore, about one hundred and twenty miles south-west of Calcutta, in the service of the Free-will Baptist Foreign Missionary Society. We congratulate the Society in having a man so well prepared, morally and scientifically, to represent their benevolent and philanthropic intentions towards the destitute in a distant section of the globe. Dr. Bacher will be a correspondent of our Journal, and we shall expect, hereafter, to receive many interesting communications from him.

Medical Miscellany.—The city Council of Boston have appropriated \$12,000 for the Lunatic Asylum at South Boston, the ensuing year.—Dr. Erastus Humphries has been elected physician of the State Prison at Auburn, N. Y.—Dr. Howe has made another improvement in his recently

devised truss.—So excessively prone to bloodletting are the Sicilians, that a pamphlet has appeared at Palermo on the subject—a sort of warning voice to the people.—Dr. John R. Rhinelanders has been appointed one of the trustees of the College of Physicians and Surgeons, in the city of New York.—A chair of medical literature has been established in the Academy of Medicine, at St. Petersburg, by the Emperor, who has also authorized the publication of a medical journal.—Dr. Ferguson, of the Island of Jamaica, in resigning the care of the House of Correction into the hands of Dr. Arnold, gives a bad picture of the condition of the prisoners, growing out of a want of proper food and ventilation.—Mr. Day, the blacking manufacturer, of the famous firm of *Day & Martin*, left a legacy of *one hundred thousand pounds sterling*, to endow a hospital for the blind. Mr. Day had been blind many years before his death.—T. Hill, Esq., of South Lambeth, Eng., gave, in his will, *one thousand pounds* to the Middlesex Hospital, and *two thousand* to the Deaf and Dumb Asylum, besides other magnificent bequests to public charities and missions, amounting to *one hundred and twenty thousand pounds sterling*!—The annual meeting of the Massachusetts Medical Society will be held in Boston on the last Wednesday of the present month, at 10 o'clock in the morning. Dr. Miller, Vice President of the Society, does not wish to be considered a candidate for the office the ensuing year.—An appropriation of \$75,000 is proposed by the Legislature of New York, for the Lunatic Asylum.—On the 17th of March it was voted, at a meeting of the British Medical Association, that a congratulatory address on the royal marriage, should be made to the Queen, Prince Albert and the Duchess of Kent.—In the United Kingdom there are nineteen places where medical degrees are conferred.—A new scheme for a general sanitary law is before the British Parliament, which has reference particularly to circumstances affecting the public health in large towns and populous districts.—A new work on distortions of the spine, chest and limbs, by W. T. Ward, has appeared in London.—The wife of the Rev. R. Gardner (England), was so much frightened in consequence of the house being assaulted by three drunken shoe-makers, that she expired in bed, where she was lying at the time they attacked the door.—A sexton was lately killed by inhaling the fetid gas of a tomb, in which he was attempting to bail out water that was in contact with two bodies. Another sexton was severely injured, but escaped with life.—On the 25th of March snow fell in the city of Rome, six inches deep. A like occurrence took place at the feast of the annunciation, exactly 245 years ago.—Cholera has again appeared in the East, in a way to excite considerable alarm.—A new method of slaughtering animals for human food has been practised to a considerable extent in England, by which the blood, the most nutritive part of the animal frame, is wholly retained. It consists in collapsing the lungs by means of an incision, which is expedited by the introduction of a tube attached to an air-tight bag or bladder filled with air. Meat, when killed by this method, is said to weigh from 7 to 10 per cent. more than that slaughtered by the old plan, and will keep much longer. Death takes place from one to four minutes after the introduction of the pipe.

TO CORRESPONDENTS.—Dr. Luke Howe's description of his improved surgical apparatus, will occupy a portion of our two next numbers.

Number of deaths in Boston for the week ending May 9, 20.—Males, 11—females, 9. Stillborn, 4.

Of consumption, 3—dropsy on the chest, 1—intemperance, 1—delirium tremens, 1—inflammation of the lungs, 1—fits, 3—casualty, 1—dropsy on the brain, 1—liver complaint, 1—dropsy, 1—scarlet fever, 1—smallpox, 2—lung fever, 1—typhous fever, 1—old age, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THE annual meeting of the Massachusetts Medical Society will be held at the Temple, Tremont Street, on Wednesday, 27th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, P. M., by Abel L. Peirson, M.D., of Salem. Literary gentlemen interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at 1-2 past 2, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Atheneum buildings, Pearl Street, at 10 o'clock, A.M.

May 13—31

S. D. TOWNSEND,

Recording Secretary.

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

ep13eop6m

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would hesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*.

March 11—6m

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tr

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, MAY 20, 1840.

No. 15.

IMPROVED SURGICAL APPARATUS.

The Description and Application of an Improved Apparatus for particular Fractures and Dislocations of the Extremities, illustrated by Cuts and Cases, with Remarks. By LUKE HOWE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ANYTHING new in this branch of surgery may, perhaps, be considered as uncalled for, at this time, as the professional mind is pre-occupied by the many improvements in it which have recently been introduced into practice. It was the spirit of inquiry undoubtedly demanded by the subject, that has given origin to these improvements, and re-called into successful practice those inventions which had been permitted too long to slumber with the ashes of their authors. The present, then, may be the proper period to invite the professional attention to any supposed improvements on this subject.

It was correctly said by Mr. Liston, that "The possession of a good set of splints is not all that is wanted; the surgeon must have a head to know how to make use of them." The writer, on former occasions,* invited the attention of practitioners to some parts and modifications of his apparatus; and at this time an increased demand for them renders it desirable that their application should be more particularly described and illustrated, so that those who may possess, might "know how to use them."

Much credit is claimed for the "immovable apparatus," that it affords such security to the fractured limb, particularly the leg, that the patient can be safely indulged in movements in and out of the bed. Those who have witnessed the writer's cases under treatment for the fracture of the leg, or have made use of his apparatus, will bear testimony to the safety in which patients enjoyed this privilege, and to their freedom from pain in simple fractures. Should the writer's apparatus be honored by the approbation of practitioners, he does not expect it will share any better fate than the many other contrivances which have been invented and approved—tried and laid aside—to be forgotten with the memories of their authors.

* In his "Observations on the various methods of treating the fractures of the os femoris, with cases, in which a new apparatus was successfully used." N. E. Journal of Medicine and Surgery for 1824, No. 3, Vol. XIII. Also in a Dissertation on the Treatment of Dislocations and Fractures, read before the N. H. Medical Society at its annual meeting in 1827.

FRACTURE OF THE SHAFT AND NECK OF THE OS FEMORIS.

First Method. Apparatus.—A ratchet wheel, windlass and pulley (fig. 1), a gaiter, a leathern or paste-board case with straps, and a paste-

FIG. 1.

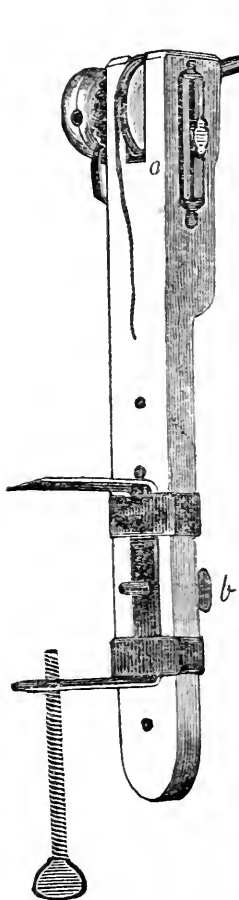


FIG. 1.—a, a small brass pulley, screwed to the side of the windlass staff. b, a pin to regulate the height of the windlass and pulley.

board splint shaped to the anterior third of the thigh. A narrow bedstead should be selected, and where a mattress is not to be had, as is generally the case

in the country, a straw bed which has been some time in use should be laid on boards fitted to the bedstead, and over this two or three soft and firm blankets and sheets should be spread.

Application.—Place the patient on his back in an extended position, taking care that his head be near the head of the bed, and his body and limbs equidistant from the sides of the bed and parallel to them; place thin pillows under the fractured limb, from the ischium to the heel; lace the gaiter on the ankle, having previously secured it from irritation, by covering the tendo-Achillis, the malleolus, and instep, by cotton batting confined by bandage; spread a strip of cotton or linen cloth into the *thigh case*, broad enough to envelope the thigh; raise the limb and place the thigh case, thus lined, under the thigh; screw the windlass staff to the foot-piece of the bed; tie the cord of the windlass into the loop of the gaiter in the line of the axis of the limb; raise the foot of the bed from 4 to 8 inches, according to the power of extension which the case may require, to be supported by blocks or bricks under its posts; and now suspend a weight of from four to six pounds from the lever of the windlass. While extension is thus being made, soothing friction will dispose the muscles to relax. After a short time more force may be applied to the lever to the extent necessary for the coaptation of the fracture. When this has taken place, the lining cloth should be wrapped smoothly over the thigh, some soft compresses placed under the trochanter, and on other parts, where it may be required to prevent irritation—the paste-board splint laid on the fore part of the thigh, and the whole secured by buckling the thigh and pelvis straps. After this, the extending force should be lessened by removing some of the weight, or by slipping it to a notch on the lever

nearer the wheel, so as to produce no more extension than may be necessary, and can be borne without pain or considerable weariness.

On the second or third day, or at the first dressing, the weight may be removed from the lever of the windlass, and suspended over the brass pulley attached to the side of the windlass staff, as the weight or extending force obeys the motion of the body and limb better when made over the latter than by the former.

At this dressing the thigh straps may be unbuckled, and the anterior paste-board splint removed, so as to permit an examination of the state of the fracture. Accurate admeasurement should now be made between the anterior superior spinous process of the ilium and the internal ankle; as on this test depends very much the success of the treatment. A little allowance should be made for the stretching of the ligaments of the joints, so that the fractured should be found a little longer than the sound limb. After re-dressing, little more will be required than occasionally to tighten the straps as inflammation subsides, to keep the foot by proper supports from being everted, and to adjust the height of the pulley. If, however, the patient should complain of pain about the ankle, more compresses should be placed under the gaiter; if the limb be found too long, some of the weight should be removed; and if too short, more should be added.

The above treatment is all that is *necessary* to effect a perfect union in fractures both of the shaft and the neck of this bone. I have in two cases found it convenient to connect the pelvis-strap by a cord to the head-board, and buckle on the perineal strap and soft compresses; and in one case, added connecting bands from the pelvis-strap to each side of the bedstead. But these additions were removed after a few days.

Under this treatment the only inconvenience the patient suffers is from the weariness of confinement, and even of this he does not complain after a few days. Under this uniform extension he should experience *no pain* in a simple fracture. If he does, it will be found, on admeasurement, that the inferior fragment of the fractured bone is retracted, and more weight in that case would be required, as pain at the fractured part almost invariably arises, in any mode of treatment, from deficient or unsteady extension.

When there is fracture of both the thigh and leg on the same side, as in one case in which I assisted the attendant surgeon in the early treatment, extension should be made from the ankle and also from a well-quilted and padded band laced on above the knee, by weights suspended over separate pullies.

The history of the many cases of the fracture of the shaft of the femur which have been successfully treated by the writer, according to the above method, would transcend the proper limits of this paper. He would only state that a similar treatment of four cases of the fracture of the neck of this bone resulted in perfect success.

The above mode of extension and counter-extension would probably be an important addition or improvement to the various kinds of apparatus in which extension is made by bandage or screw, and especially to "the immovable apparatus," before the bandage is dried, and even subsequently.

FIG. 2.

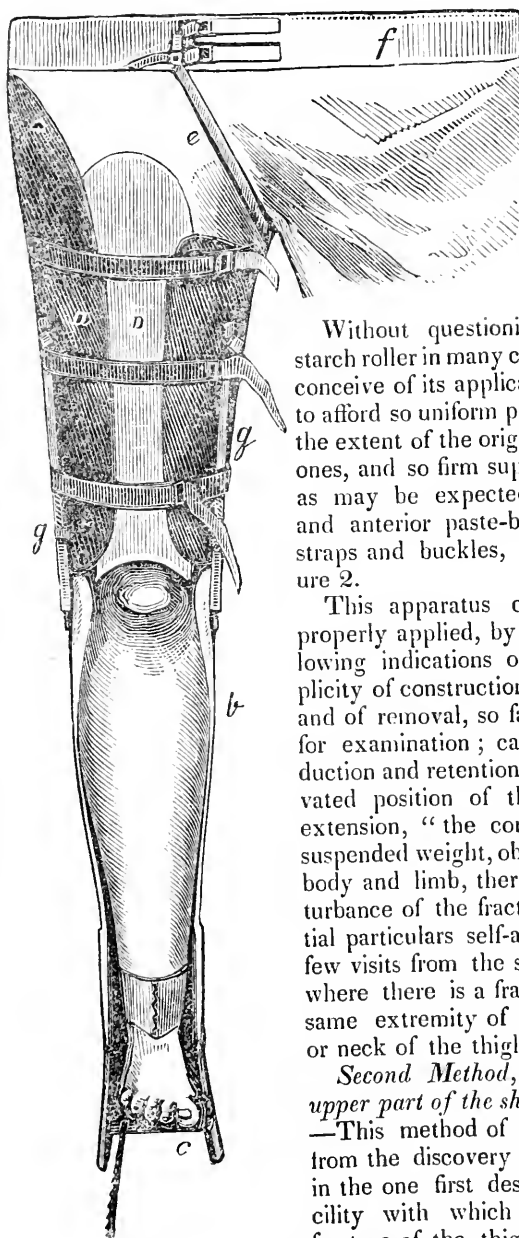


FIG. 2.—*a*, a leather splint or case, embracing the knee, trochanter and ilium, and nearly the circumference of the thigh, but leaving a space in proportion to its size on its anterior surface, for the paste-board splint, *D*. *g, g*, connecting irons, by the screws and thumb-nuts of which, the apparatus is adapted to the length of the limb, and extension, in certain cases, made. *b*, the leg splint, as represented in fig. 3, before the roller is applied. *c*, the ratchet-wheel windlass, which is connected with the gaiter by a cord. *e, f*, the perineal and pelvic straps.

Without questioning the utility of the starch roller in many cases of fracture, I cannot conceive of its application to the thigh, so as to afford so uniform pressure to its muscles, to the extent of the origin of the most powerful ones, and so firm support to the trochanters, as may be expected by the *leathern-case* and anterior paste-board splint, confined by straps and buckles, as may be seen in figure 2.

This apparatus commends itself, when properly applied, by its answering the following indications of treatment: viz., simplicity of construction, facility of application, and of removal, so far as may be necessary for examination; causing no pain in the reduction and retention of the fracture; the elevated position of the limb; the means of extension, "the continued effort" of the suspended weight, obeying the motions of the body and limb, thereby preventing the disturbance of the fracture; being in all essential particulars self-adjusting, requiring but a few visits from the surgeon; and admissible where there is a fracture of the leg on the same extremity of the fracture of the shaft or neck of the thigh.

Second Method, or Apparatus for the upper part of the shaft of the femur (fig. 2).

—This method of treatment did not result from the discovery of any important defect in the one first described, but from the facility with which an apparatus for the fracture of the thigh can be formed by the

union of the *posterior-concave splint* (fig. 3) with the *leathern-case* of the thigh, by *uniting-slides* at the knee, without any other addition to

the apparatus, so as to afford any amount of extending or counter-extending power that the case might require, without causing irritation of the parts to which it is applied.

Application.—Place the extended limb into the apparatus, having prepared the thigh-case and leg-splint as before described; adjust the apparatus to the length and natural direction of the limb by turning the thumb-nuts of the slides; place the gaiter on the ankle, into the loop of which, tie the cord of the windlass; buckle the pelvic and perineal straps, the latter over soft compresses; and now make the necessary extension, by turning the windlass by the lever. When coaptation of the fracture has taken place, apply the paste-board splint to the forepart of the thigh, and buckle the thigh straps over all. To counteract the shortening of the limb by the relaxation of any part of the apparatus, a small weight should be suspended from the lever for a few of the first days of treatment. The foot of the bed should be raised as in the first method; and should the perineal band cause irritation, a weight should be suspended over the pulley, as in the first method, the cord being connected with the loop at the lower end of the leg or thigh-splints. In this way we can adjust the force of the extension to the contractile power of the muscles, and can apply it to one or more parts of the limb where it can be best borne by the patient; and thus avail ourselves of two forces of extension, and two of counter-extension, in cases where they may be desirable. A roller should be applied to the foot and leg over the splint; and, to complete the dressing, the usual inverted cradle or hoops should be placed over them to prevent the eversion of the foot by the pressure of the bed-clothes.

By whatever method a fracture of the femur may be treated, the limb should be gradually flexed at the knee after removing the extension, and before removing the patient from the bed, by placing under it pillows or other sufficient support; and should extension be found necessary at this stage of treatment, it can be conveniently made while the extremity is in a flexed position, by turning down the thumb-nuts of the connecting slides—thus forcing the tubes of the screws against the staples of the upper extremity of the leg-splint, causing pressure of the splint against the calf of the leg, and consequently extension of the thigh.

Where the flexed position of the limb should be preferred in the management of a fractured femur, this apparatus would form a convenient double inclined plane, by which extension could be graduated by the screw, much more conveniently than by the weight of the body.

Extension may be removed in cases of the fracture of the shaft of the femur, from four to six weeks after the date of the accident; and in those of the neck, not until about eight or ten weeks. Flexion and occasional motion should be given to the limb, for about a week before the patient is permitted to leave, or is taken from his bed.

FRACTURES OF THE LEG.

First. Oblique fracture of the tibia and fibula. Apparatus.—The posterior-concave splint (fig. 3). The garter, with the fobs, a gaiter and roller.

Application.—Lace the garter on below the knee and the gaiter on the ankle, securing the tendons from unequal pressure of both by soft compresses; adapt the splint to the sound limb, over batting or compresses; adapt the splint to the sound limb, over batting or compresses, where they be necessary to give it a uniform support; then adjust the splint to the fractured leg; slip the fobs over the extended

FIG. 3.

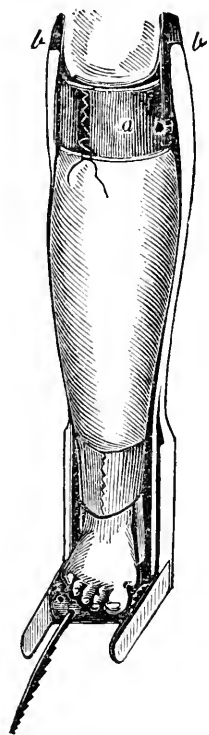


FIG. 3.—*a*, the laced garter. *b, b*, the fobs on the extended lateral portions of the splint, connected to the garter by straps and buckles. The construction of this splint is similar to fig. 4, excepting the excavation for the heel, and the corresponding flat surface under it, are longer; and the addition of the ratchet-wheel windlass.

ears of the splint, *b, b*; buckle the straps of the fobs to the garter, and tie the cord of the windlass to the strap of the gaiter. Now make extension by turning the windlass by the lever, slowly and gradually, till coaptation has been found to have perfectly taken place. Then apply the roller over the foot and leg, having placed compresses on the inner side of the tibia, to give all parts an equal support, and preserve the natural shape of the limb. The foot may be supported at its proper angle with the leg by a piece of roller being passed round it and pinned to the dressing near the knee. All pain is removed from the moment extension is made, and will not return unless shortening of the leg is permitted by the slipping and stretching of some parts of the apparatus. To prevent this, a small weight should be suspended from the lever during the first twenty-four hours of treatment. After this, the necessary extension being retained by the windlass and ratchet-wheel, the patient may be permitted to leave his bed, sit in a chair, walk on crutches, and even ride in an easy carriage, without risk of displacing the fracture or retarding its union.

Second. Transverse fracture of one or both bones of the leg. Apparatus.—The posterior-concave splint (fig. 4). A piece of cotton cloth of the length of the leg, and a little wider than its circumference, compresses and a roller.

Application.—Adjust the splint to the sound leg, as in the first method, over necessary compresses; lay the cloth smoothly over the splint; raise the fractured limb, and bring the splint up to its place, then let the leg and splint settle down on pillows; bring the cloth up on each side and wrap it smoothly over the anterior part of the leg; and apply the roller to the foot and over the leg and splint. It is convenient to have separate rollers for the foot and leg. The foot may be supported by a strip of cloth or roller being carried round the foot-pieces of the splint and the foot, or round but one of the foot-pieces, if it be necessary to give the foot an inclination outward or inward. Compresses should be interposed between them and the foot, to prevent irritation; between

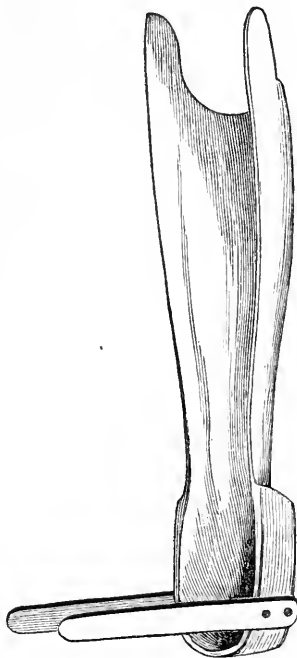
the splint and the leg where there be space to admit them, particularly at the tibial side ; and where they may be necessary.

I have practised this or a similar method of treatment of the fractures of the leg during the last fifteen years, and have ever permitted the patient to enjoy the privilege of leaving the bed and sitting in his chair, resting his leg over an inclined plane or some other convenient support. Even in a very bad compound dislocation of the tibia and fracture of the fibula, the leg being supported by this splint, the patient was daily taken from the bed for the purpose of admitting of more convenient dressings of the wound, without any disturbance of the wound or fracture.

During the above time I have tried various materials in the construction of splints of a similar form : viz., sole-leather, book-binders' paste-board, sheet zinc, and a composition of paper and cotton cloth cemented by a paste of flour and starch, or a solution of gum arabic, &c. These were shaped on moulds of the form of the leg, also of the thigh and upper extremities. These form very convenient and firm splints for the latter, and for the former excepting where both bones of the leg are fractured, accompanied with much inflammation and swelling, in which case the necessary fomentations and lotions cannot be used without injury to the texture of such splints. For these and other reasons the wooden splint (fig. 4) is to be preferred in fractures of both bones of the leg. It affords an unyielding uniform support to the limb, prevents the depression of the heel and consequent anterior curvature of the tibia, sometimes called, though improperly, the rising of the bone, and by compressing the large posterior muscles of the leg, restrains their contractions. The broad base of the lower part of the splint prevents the rotation of the leg or eversion of the foot, when the patient is lying in bed or sitting in the chair. Indeed, it would seem that this splint combines those qualifications which have, it has been said, " been long a desideratum : " viz., " a cheap, simple and efficient splint, in which a broken leg could be placed, adjusted and secured during the time necessary for the completion of the process of union, and which would admit of the removal of the bandage for the purpose of attending to the state of the soft parts."

Notwithstanding I have found the common roller sufficient to confine the splint to the leg and secure the fracture from displacement, I have sometimes applied a splint of book-binders' pasteboard, moistened, to

FIG. 4.



the anterior part of the leg, cut to the length and breadth of it, not covered by the posterior splint; which, when dry, together with the rest of the apparatus, forms a neat and unyielding case for the limb.

I am aware that further remarks on the application of this splint must be made at the risk of being thought tedious, but as the "immovable apparatus" is highly applauded by the profession in some hospitals and cities, I will take the liberty to suggest some further modifications of my apparatus, which cannot fail to fulfil the indications of treatment which are said to be so effectually done by the starch bandage, and some which this does not.

One of the most important indications is a speedy reduction of the fracture. The first days of the treatment are as important in removing irritation and consequent pain and inflammation, as the last weeks are to insure a perfect limb; and a surgeon in private practice, especially in the country, who should do nothing effectually for the relief of his patient in the former, might sometimes experience the mortification of finding him in the care of another, in the latter period. The "immovable apparatus" cannot always be applied till some days after the accident; and when it is, it forms no sufficient support till the third day of its application. The posterior-concave splint can be applied at the earliest stage of treatment, and will afford a uniform support to the limb, and every facility, by position, fomentations, lotions, &c., for the removal of inflammation. After this, should it be desirable, in addition to the advantages of this splint, we may avail ourselves of those of the "immovable apparatus" in the following manner. After applying the common roller, as has been above described, moisten that part of it which comes in contact with the leg and foot with the "albumen" of Scultetus, the "oxycerate cum alb. ovor." of Turner, the "glue, varnish, paste of eggs, sugar and flour," &c., of J. Bell, or the "solution of starch" of Sutin. Then the second and third roller may be added, the same part of each being saturated with the one of the above articles used for the first. I have found Alfred Sweet's "composition*" for moulding tablets for fractures, made excellent splints or cases to enclose the fractured upper extremities; and it would be a very convenient substitute for the above articles. When the bandage on which has been spread either of the above solutions, has become dried, it should be slit open on the edge of the splint on each side, and at the edge of each foot-piece. A dry or an adhesive roller may now be cast over the splint, and that portion of the rollers which has thus been formed into a firm tablet. The limb is now completely encased with so much firmness as to enable the patient to walk with crutches without any hazard of disturbing the fracture. The tablet can be removed for the purpose of examination as often as it may be desirable, and replaced with the greatest facility.

Plaster of Paris, or stucco, which has for more than a century been used in Arabia, in the treatment of fractures, and recently in France, might be used as a convenient auxiliary in the application of this splint. After the splint is properly adjusted to the limb, lay a piece of cotton or

* This composition is made by rubbing whiting with the mucilage of gum Arabic.—*Lancet*, and Bell's Medical Library, Vol. 111., No. 9.

linen cloth over the fore part of the leg and upper part of the foot, so wide that the edges may hang over each side of the splint; cut slits at the ankle so that the cloth may lie smoothly; then with the hand cover the cloth with the plaster, insinuating it into any space there may be between the splint and leg, by pressing it down within the doublings of the cloth. In a few minutes the stucco is dry, and the leg encased, and though the swelling of the limb would raise the stucco tablet, the firmness of the latter would greatly resist the retraction of the bones. This tablet could be raised from the limb for the purpose of examination, by gently lifting at the edges of the cloth. On being replaced, it should be confined by common or elastic straps.

[To be continued.]

A SECOND CASE OF TETANUS IN THE SAME FAMILY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is not a little singular that another case of tetanus should so soon have occurred in my practice, and that in the same family with that of which I gave you an account, and which you did me the honor to publish in your Journal of April 16th.

On the 1st of April, Cordelia Whitman, aged 19, thrust the tine of a table-fork quite through her left thumb by the side of the nail. She had some symptoms of tetanus so soon as the third day afterwards, for which she took opiates, and had a suspension of them until the 12th of the month. They then returned again, when I first saw her. I found her in bed with her head raised from the pillow, which she seemed averse to have it touch. She had pain in the left side of her face, temple and head, but none in her stomach, as was the case with Ferguson, a few days before, in the same house, from having punctured his toe with a pitchfork; and unlike him, she however had continual nausea, and disposition to vomit. The action of her stomach in retching was *peculiar*, evidently spasmodic, and did not indicate the presence of any offensive matter. I speedily examined the punctured part, and found her thumb almost totally divested of feeling, so that she did not flinch in the least by as smart a pressure as I could make with my own thumb and forefinger. After prescribing a pill composed of opium, acetate of lead, and Peruvian balsam, and applying to the pained parts a solution of the *cyanuret potassium*, I had her thumb well embrocated with a mixture of oil of turpentine and tinct. cantharides, and then surrounded with *emp. epispastic*.

Next day, these applications had produced no action—no vesication, no redness, nor sensation. *Tartar emetic* was, therefore, applied to a part of the surface of a new and very thick epispastic; and on the third day, by the combined operation of all these agents, vesication and tenderness was produced, with manifest relief to all the symptoms, except the nausea. This continued, in spite of large and repeated doses of the sedative anti-spasmodic pills, and other anti-emetics, so as to require an epispastic to the *scrobiculus cordis*. As a tonic and cardiac,

the tinct. of Peruvian balsam was liberally given, and my patient, by the 15th of the month, and fifteen days after the injury, was in a situation to be left to a nourishing diet and tonics for her debility.

It is worthy of notice that the tine of the pitchfork penetrated quite through the toe of Ferguson, in the first case, and the tine of the table-fork quite through the thumb of Cordelia, in the second. The entire loss of sensation in both of the injured limbs was a curious, and to me novel, occurrence. In both, likewise, when sensation and soreness were produced, the symptoms abated. There was a similarity in the general train of morbid phenomena in the two patients, but not an identity. Ferguson had spasms in his limbs and pain in his stomach. Cordelia had neither. She had nausea and puking, however, which Ferguson had not. To move the bowels, in both cases, pills formed of crumb of bread with calomel and croton oil,* were used.

Does the season of the year dispose wounds to produce tetanus? I think it does. A majority of the cases which I have seen have occurred in the spring; and if I mistake not, three of them in the month of April. Perhaps it will be found that other spasmodic diseases are most prone to occur in the spring months. St. Vitus's dance is said to have had its name from numbers of young women having been seized with the disorder at the feast of St. Vitus, which was held in May.

P. S.—In a religious paper, *The New York Observer*, a case is mentioned of a child which fell into a barrel of scalding hot water, up to its neck, which was prepared for scalding hogs. And it is stated that this child recovered by the application of an ointment applied to the whole surface, made of soot. It is also stated to be material that the soot be taken from a chimney where the fire has been made of wood. As similar cases, so far as I know, have uniformly proved fatal, I thought this notice for your interesting Journal might be the means of directing the attention of physicians to this remedy, if it should prove to be such. The soot may be formed into a liniment with lard, fresh butter or olive oil—first reducing it to an impalpable powder.

Very respectfully, your obedient servant, JOSEPH COMSTOCK.
Lebanon, Ct., April 20th, 1840.

CASE OF INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

MR. H****, about 60 years of age, an active, laboring and wealthy farmer, became low spirited—a hypochondriac—lost his appetite and flesh—avoided society, and confined himself much to his house—expressed great apprehension of poverty, of becoming a town charge, of being sent to a poor-house, &c. He was observed by the family of his son, with whom he lived, in this moody state of mind to steal out of the house secretly with a gun, and take the way to a field where he had laborers at work. As he was no sportsman, and had not been known to

* In the first case there occurs an error of the press. The pills are stated (page 156) to have been made of castor oil and calomel. It should have been *croton* instead of *castor*.

use a gun for years, his son followed and inquired of him his intentions. Mr. H. seemed very much agitated and distressed, and told his son that as he was utterly unable to pay the wages, as he had contracted, to his hired men, he had come to the determination to *shoot* them and get rid of the debt. Mr. H.'s habits of living were those of farmers generally in his neighborhood of his age and class. His diet was substantial, and, when laboring and in health, he used spirits of some kind, in small quantities, two or three times, perhaps, daily—and though never intoxicated, such had been his habit all his life.

Was this "insanity from fear of poverty"? or from "intemperance"?

About six months before this period, Mr. H. lost his wife, a worthy, sensible woman. And it was not long after this event his family noticed that he was melancholy, &c. &c., and grew more and more so up to the time he had prepared himself to shoot his hired men.

Was it "insanity from domestic affliction"?

Mr. H. was not, constitutionally, of the "melting mood." He had never been suspected of suffering from a too keen and lively sensibility; and the sickness and death of his wife seemed to produce in him no uncommon expression of grief or sorrow. Several weeks had elapsed, certainly, after the death of Mrs. H. before the family observed any failure of his health.

I saw Mr. H. at this time, with his attending physician, and was made acquainted with the circumstances detailed above. We did not ascribe his insanity to "fear of poverty," to "intemperance," or to "domestic affliction."

When at home and not engaged in the labors of his farm, Mrs. H., his wife, was his only companion and confidant. His son and family, though their mutual relations were in every way pleasant and satisfactory, were no associates for the "old man," the father. He had no one now to whom he could unbosom himself. The death of Mrs. H. deprived him suddenly of a mental excitement—a stimulus—which time and age had now rendered indispensably necessary to him, and for which his own resources furnished him no equivalent. It happened, too, to Mr. H. at an unpropitious season of the year, which precluded his seeking an equivalent abroad; and though for a time his animal appetites remained unimpaired, the digestive organs, for want of proper nervous influence derived directly from the brain, performed their functions slowly and imperfectly—thence this direct and sympathetic affection of brain, at length resulted in mental alienation—insanity. The same thing has happened to men of business; equally to the commercial man, for instance, who voluntarily retires from the calculations of the counting house, to luxuriate in comparative idleness on his wealth, and to the man who is driven from a similar situation by pecuniary losses. The same thing might happen to an old maid on losing her pug dog or her pet cat.

A few blue pills, with aloes, and a spirited resumption of the active labors and cares of his farm, with a gradual return to his customary habits of living, effected a speedy cure. And now, six years since, at nearly 70 years of age, Mr. H. has suffered no return of insanity, nor serious

indisposition of any kind, but takes regularly his three meals and his grog, daily, and is a hale, stout, active, laborious man.

Springfield, May 8th, 1840.

JOSEPH H. FLINT.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1840.

PHYSICAL EDUCATION.

WITHIN the last few years a great deal has been said and written upon the subject of physical education, by all sorts of persons. That it was necessary to awaken the people—to instruct them—to show how a refined civilization had a tendency, under modern training, to ruin the body in developing the powers of the mind, will not be questioned. But physical education, like a hired horse, has been over-driven; the subject has had the misfortune to be handled so freely by educational quacks—those parasites, who fasten themselves upon the community as the old man of the sea did to the shoulders of Sindbad the sailor—that when a man of profound attainments addresses himself to the intelligence or sympathies of those who should be most influenced by his facts or his philosophy, they hardly acknowledge the civility of having been spoken to at all.

We have before us a discourse by Dr. A. L. Peirson, of Salem, Mass., delivered before the American Institute of Instruction, at Springfield, in August last, which is not only an amusing production—being both a thing of pith and wit—but also distinguished throughout for its important truths in relation to the physical culture of youth. The ingenious author prefaces it, in part, thus :—

“Some of the remarks are those which occurred to me in the course of miscellaneous reading, and I would honestly affix a mark to the property of others to distinguish it from my own, if my memory retained any clue to guide me in doing it. Nevertheless, I hold this to be not of the slightest importance, for I am of opinion that it is just as honest to steal the language, as the ideas of others, as the canny broom-maker preferred purloining the brooms ready made, to plundering the stock of which to make them.”

If the members of the institution returned to their homes and neglected to practise the wise precepts which Dr. Peirson clearly proved were nature's law for the well-being of the beautiful machinery of the body—if their children have distorted spines hereafter—it cannot be said that they have not been seasonably advised. There are so many beauties, and such a multitude of important illustrations, interspersed through the pamphlet, that it is difficult to select a paragraph, and detach it from its connections, without misrepresenting the train of reasoning. The following is important.

“But the fault of this education is, it is too partial, it does not develope the faculties in anything like an equal proportion; it is, if you please, too *intellectual*. It produces too rapid a development of the intellectual faculties without waiting for a corresponding growth and corroboration of those organs with which the intellectual faculties are essentially connected; and

hence the unnatural excitement of the one exhausts the energy of the other. Sound philosophical education should be *gradual*. One organ should not be tasked at the expense of another, but there should be a reasonable waiting and delay for each to come forward and expand itself. In short, education should be *natural*. Once more let us consult nature in her humbler performances. Does the rose bloom most perfectly when trusted to time under the genial influences of light, and heat, and moisture? or when the impatient florist has rudely torn open the petals of the tender bud? And is it any less ridiculous and absurd to stimulate the minds of the young to a precocious forwardness at the expense of their bodily health and customary hilarity? But nothing demonstrates the imperfection of some parts of our system of education more, than the subjects of it themselves, after they have attained all that was contemplated. In very many instances there is not health enough left to practise those very accomplishments which it had been the object of their instructors to confer upon them."

Here is something belonging to the department of nature's cabinet of curiosities.

"It may be stated as a law of animal economy, that the exercise of an organ is necessary not only to its development and perfection, but even to its preservation. This is often exemplified by the state of parts which are not kept in due activity, for if they are not exercised they degenerate, while by exercise their size and vigor may often be carried beyond the natural degree of perfection. Compare the legs of a foot-soldier, increased beyond their natural size, by his perpetual marchings and counter-marchings, with those of the dragoon, which have become almost useless, and are dwindled to an insignificant appearance, by the want of exercise, and the pressure of the boot and saddle. So the bandaging a limb and laying it at rest, will cause it to diminish, a practice well understood by deceiving mendicants. The fact, then, is sufficiently obvious, that the nutrition and growth of the *muscles*, are promoted by their motion and use. But although not so obvious, this is equally true of the *bones*. The fundamental law is, that inaction creates loss of power and atrophy, or wasting; that every part degenerates unless it continues to perform to a certain degree its peculiar functions. The changes in the muscular system are visible or cognizable to the senses, but those in the bones are, from their position, necessarily concealed. There are not wanting, however, opportunities of ascertaining these changes, which are familiar to most medical men. As soon as a bone becomes permanently dislocated, the vacated and useless socket becomes filled up, and smoothed to a level with the surrounding bone. If a soldier, in active service, receive a wound for which *immediate* amputation is necessary, or if the same operation be performed on a strong laborer, while he is in full health and exercise, the bone is found nearly as hard and dense as ivory. But let the patient be confined in a hospital, without any motion in the limb for a number of weeks, and the bone becomes soft and spongy. Medical museums contain many specimens of this change of structure."

Since physicians have it in their power to influence the public mind very considerably, we can conscientiously recommend Dr. Peirson's lecture to them, fully believing that they would feel compensated for the trouble of reading it. But it is necessary to close, though there are whole pages which might be transferred to the Journal, and read with profit to all who take an interest in the progress of a correct system of physical education.

Medical Convention at Philadelphia.—It will be recollected that delegates were chosen from several medical associations, here and there, to meet at Philadelphia the beginning of this month, to deliberate upon the interests, prospects, &c. of medical science in the United States. The true object, in fact, was to organize a society similar to the British Medical Association, the influence of which is felt to be excellent. But the meeting was a failure. If Massachusetts and other States had had two or three delegates present, there would have been some hope of success. The finances of our Medical Society, of late, however, will not admit of any unnecessary expenditure of its funds. Our correspondent, in the lines below, sums up the doings of the delegates who attended, in a small compass.

"There were but two or three State societies, and no medical colleges, which responded to the call of the New York State Society to send delegates to a National Convention; and none appeared but Drs. Beck and Wing of the New York delegation, and the whole delegation of New Hampshire, Drs. Howe, Hill and Chadbourne. Dr. Chapman had been appointed by the University of Pennsylvania, and six others were appointed by the Society of the city of Philadelphia, after our arrival. The delegates were so few in number, and for other reasons, they did not think it advisable to organize. They believed, and such was the opinion of the medical gentlemen with whom they conversed in Philadelphia, that before a convention could be held which would promote the interest of medical science, specific objects should be laid before the profession and discussed in the medical journals. This may yet be done—and it is desirable that it should be done by those who are so well qualified to do justice both to the subject of medical science and the measures best qualified to promote it."

Torticollis.—Dr. Lewis operated last week for relieving the deformity arising from wry neck. The patient is a gentleman of 25 years of age, and the distortion has been from his infancy. During the operation a vein was divided of about the calibre of a quill, and the patient immediately exhibited symptoms of dissolution caused by the entrance of air into the divided vessel. The peculiar noise was evident to the gentlemen assisting. The further admission was prevented by ligature, and the patient shortly recovered and is now doing very well. The object of the operation is fully accomplished. Is not the danger of applying ligatures to veins too strongly insisted on by surgical writers? The patient whose arm was amputated at the shoulder-joint by the above-named surgeon, had the subclavian tied without any bad consequences.

Artificial Anatomy.—A sickly-looking pamphlet came to us from New York, the other day, called "Reports on the Artificial Anatomy of Dr. Auzoux," &c., which contains the simple statement of Pariset, Secretary of the Royal Academy of Medicine, Gueneau de Mussy, Passy, Baron Dupin, Portal, Dumeril, Boyer, Serres, St. Hilaire, Prof. Laennec, &c. &c., that they think favorably of Dr. Auzoux's invention of the manikin. That it is an ingenious illustration of the general anatomy of the human body, must be admitted by all who examine one of them. That it is ultimately destined to supersede dissections, is perfectly idle to suppose. For popular lectures before mixed audiences, the beautiful models of Dr. Au-

zoux are, beyond question, superior to any others known. Dr. G. S. Bedford, of New York city, is succeeding admirably, we understand, in a course of lectures with one of these artificial anatomical figures.

Premium for Filling Teeth.—DEAR SIR,—I read, with some little surprise, in your Journal of April 29th, a notice, which has induced me to inquire of the intelligent gentlemen who composed the committee to examine the dental department at the late fair in this city, if they did or did not award a premium, or recommend for such award, any specimens of teeth filled and presented there; and if so, upon what principle such award was made.

I know well that the high character and scientific attainments of the gentlemen composing that committee are a sufficient pledge that whatever they actually did, was done with a good and sufficient motive, though that motive is surely not apparent on the face of it; it being obviously as absurd to award a premium to a tooth filled out of the head, and without reference to its success, which could only be known by experience in the living subject, as it would be to award a prize for successful surgery to one who should offer, as a specimen of his skill in that department, the broken humerus of a skeleton dressed in splints.

Yours, &c. Y.

Cæsarean Operations.—We record the following short notes of Cæsarean operations which have been recently performed.

1. Cæsarean operation, followed by success for both mother and child; by Dr. E. Michaëlis, of Kiel.

2. Cæsarean operation, followed by the death of the mother; by Mr. Ward.

3. Extraction of a living child, death of the mother on the third day; by Dr. Flamm.

4. Operation performed for the second time, with success, on the same woman; by Dr. Fox.

5. Fourth successful operation on the woman named Adametz; by Dr. Michaëlis.

6. An operation, equally successful, on a rachitic woman, 37 years of age. Dr. M. has been extremely fortunate in his operations. He has performed it four times, and in three succeeded in saving the lives of the mother and child. Within the last eight years ten Cæsarean operations have been performed in Holstein, and only three of the ten have terminated unfavorably.

7. Successful operation; by Dr. Bauer.

8. Operation successful for the mother, fatal to the child; by Dr. Herzbruch.

9. Successful case; by Dr. Wright.

10. Two successful cases; by Drs. Schenck and Petreuz.—*L'Experience.*

MARRIED,—In Leominster, Mass., Dr. W. D. Peck, of Sterling, to Miss Elizabeth, daughter of Dr. Charles W. Wilder, of L.

DIED,—In Boston, Dr. Rufus Barrus, aged 69.—In Kentucky, Dr. Hawkins, waylaid and shot in the highway, by some person unknown.—At Rock Castle, Va., Samuel L. Campbell, M.D., 75.—In Rindge, N. H., Dr. Thomas Jewett, 69.—At Norwich, Ct., Dr. Joseph Thomas, 68.

Number of deaths in Boston for the week ending May 16, 28.—Males, 15—females, 13.

Of consumption, 2—lung fever, 3—casualty, 1—dropsy, 1—infantile, 4—brain fever, 1—smallpox, 2—diarrhoea, 1—inflammation of the bowels, 2—drowned, 1—hooping cough, 3—inflammation of the liver, 1—inflammation of the lungs, 1—apoplexy, 1—debility, 1—child-bed, 1—decline 1.

MEDICAL BOOKS AND PAMPHLETS.

For sale, at this office, Remarks on some of the Medicinal Springs of Virginia. By Geo. Hayward, M.D., Boston. Price 12 1-2 cts.

A Letter respecting Santa Cruz as a winter Residence for Invalids; addressed to John U. Warren, M.D. By the late Rev. Joseph Tuckerman, D.D. Price 12 1-2 cts.

Orders for Drs. Bigelow and Holmes's edition of Marshall Hall's Theory and Practice of Medicine, and other recent medical works, will be attended to, and the books furnished at the lowest retail price.

One set of the Boston Med. and Surg. Journal may be obtained at this office. Of some of the vols. there are many copies remaining, which will be sold low.

MASSACHUSETTS MEDICAL SOCIETY.

The annual meeting of the Massachusetts Medical Society will be held at the Temple, Tremont Street, on Wednesday, 27th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, P. M., by Abel L. Peirson, M.D., of Salem. Literary gentlemen interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at 1-2 past 2, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Councillors will be held on the day following, at the Society's room, Athenæum buildings, Pearl Street, at 10 o'clock, A. M.

S. D. TOWNSEND,

May 13—3t

Recording Secretary.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	-	-	-	-	-	DR. SMITH.
Surgery, by	-	-	-	-	-	DR. STEDMAN.
Theory and Practice of Medicine, by	-	-	-	-	-	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	}	-	-	-	-	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		-	-	-	-	
Materia Medica and Chemistry, by	-	-	-	-	-	DR. WILEY.
Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.	M. S. PERRY,	C. H. STEDMAN,	H. G. WILEY,			
Jan. 29—ep1ncopt	M. I. BOWDITCH,	J. V. C. SMITH.				

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences." Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated
16th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated
Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—1y

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, MAY 27, 1840.

No. 16.

DR. HOWE'S IMPROVED SURGICAL APPARATUS.

[Concluded from page 237.]

THE first use I made of the posterior splint (fig. 4), in a simple fracture of the leg, was in the case of Mrs. J. Cutter, who, on the 3d of January, 1826, slipped from the door-step and fractured both bones of the leg at the lower third. The fracture was reduced in half an hour after, and the splint applied. On account of her experiencing considerable pain, moderate extension was made from the ankle by a suspended weight, and continued 24 hours, which gave instant relief; the pain did not recur after removing the extension. After this she was allowed to leave her bed daily, and to sit in her chair with her leg placed over a convenient stool. Feb. 4th. A perfect union.

The success of this case induced me to continue a similar but sometimes modified practice in all subsequent fractures of the leg. And I am gratified to learn that equal success has attended the use of this apparatus by those who have condescended to give it a fair trial. A few cases with which my friends have kindly favored me, will sufficiently illustrate the advantages of this splint, without adding others in my own practice.

Extract of a Letter from James Batcheller, M.D., of Marlborough.—"E. Cudworth had a fracture of the tibia and fibula about four inches above the ankle-joint, with much displacement. I applied your *posterior-concave* splint, and the result exceeded my most sanguine expectations. The patient was enabled to leave his bed every day; on the 17th from the accident, by the aid of crutches, he walked to his neighbor's, some sixty or seventy rods. No displacement occurred. I removed the splint about the thirty-fifth day; union of the fracture, and free from deformity."

"Lemuel Parker, nine years of age. Fracture of his leg. I applied your splint, as in the above case, with equal success. He was removed from the bed to his chair whenever he desired it, every day. Splint removed 30th day. The fracture well united and free from deformity."

Dr. B.'s expressions of high commendation of this splint are here omitted.

Extract of a Letter from Asahel D. Shurtleff, M.D., of Rindge.—"I have used your posterior-concave splint in a case of the fracture of the tibia and fibula. David Howe, of Rindge, on the 15th of Nov.,

1831, fell from a waggon and fractured his leg about four inches below the knee-joint. I applied your splint; he was able to get about his room on crutches and sit in his chair during the treatment; I did not see him but three times after the first dressing; the limb is perfect.

"I have also used your method of the treatment of fractures of the femur by the pulley and weight, with success. I think the patient suffers much less pain by this than by other methods, as one patient informed me that he had not lost an hour's sleep from pain."

From Silas Cummings, M.D., of Fitzwilliam.—"The first case in which I used your apparatus was that of a man aged 50 years, Feb. 6th, 1827. This was a fracture of the tibia. I applied the wooden splint the first weeks of treatment, and afterwards the sole-leather boot. He sat in his chair every day after the third; he had a leg as sound and as good as the other in a short time.

"Mr. N. White, aged 60, on the 20th of Jan., 1830, fell from his carriage and broke the tibia and fibula near their middle. This was treated entirely according to your directions, with the wooden boot, or posterior splint, which I procured of you. The patient was taken from his bed the second day, and sat in his chair very comfortably every day afterwards; his recovery was unusually rapid. My last visit to him was the 14th of Feb. The leg was perfect, with the exception of being a little straighter than the other.

"I have since had many similar cases, which I have treated in the same way, with equal success. Have in all these cases permitted my patients to leave their beds daily."

From S. L. Richardson, M.D., of Jaffrey.—"I have made use of your apparatus for the fracture of the leg in three cases. G. U., of this town, received a fracture of the tibia and fibula, Oct. 30th, 1837. I applied your paste-board boot. D. Walton, Nov. 8, fractured his leg at the lower third; used the sole-leather boot. N. Thompson; fracture of the tibia about four inches above the ankle joint, and fibula at the same place, and again three or four inches above. These patients were allowed to sit up when they pleased—and went about the house with crutches from some time in the course of the first week. Limbs all straight and perfect."

"I have used your composition splint in two cases of the fracture of the radius and dislocation of the ulna forward, with the most perfect success."

FRACTURE OF THE FORE-ARM.

The apparatus for the fracture of the arm is a composition, above alluded to, of paper and cloth, formed on moulds of the shape of the limb, including the hand. When dry and covered with a sufficient coat of varnish, it forms a flexible and convenient *case* for the arm.

Application.—Wrap a piece of cotton cloth around the arm; over this, on either side, place a longitudinal compress to preserve the interosseous space, and over these apply the splint, which may be confined by bandage or elastic tapes.

In the *fracture* of the *radius* and *dislocation* forward of the *ulna*, a

firm compress should be placed under the lower extremity of the latter bone, to support it in its place. The latter accident is one of frequent occurrence, yet we rarely find it alluded to by authors.

When a person falls and throws out his hand, he receives the impetus upon the radius, which, if fractured near its lower extremity, is turned back, while the ulna not being resisted in its direction ruptures the ligaments which confined it to the radius. It is important here to fulfil two indications—viz., to bring down or forward the inferior fragment of the radius, and retain it in a line with the superior; and to support the ulna in its place on the radius. To effect this double object, I have contrived the instrument (fig. 5) called the *ulna supporter*.

In its application, the expanded end is placed over a sufficient compress or splint, on the inferior end of the radius, and the pad, *b*, of the screw of the other end is to be placed, anteriorly, on the lower extremity of the ulna. The screw is now turned, which forces the ulna upwards, while it depresses the radius. By turning down the thumb-nut, *c*, the screw is fixed in the slide. To prevent accidental displacement of the instrument, a tape, fixed in the loop hole of the radial end, may be tied to the other, near the screw. When the instrument is thus fixed on the wrist, the arm cannot be rotated, and no further apparatus and dressings will be needed, unless it be to give support to the arm in a sling. The pressure of the instrument will cause no irritation, if sufficient compresses be used, before it is applied. No bandage is required in this case, nor can it be used in fractures of the fore arm or of the leg unless over splints sufficient to prevent its causing the approximation of the bones.

Another suggestion may not be wholly unimportant, especially to junior practitioners, viz., that there should be extreme caution in the use of bandages in cases of fractures of the upper extremities of aged persons. Any restraint to the motion of the fingers and to the vascular circulation of the arm, will cause the hand and fingers to swell, their ligaments to become rigid, and often ossific deposits to be made in their joints. Similar evils will follow the use of the *wedge* in fractures of the clavicle. The contractions of the muscles are weak in aged persons, and there would not often be much deformity in the fractures of their superior extremities, if the necessary apparatus were loosely applied; and even if there were a little deformity, it would be far better for the patient than the effects of an opposite practice. The flexible splint above described, or one of similar form made of leather or other suitable material; could be used in such cases, so as to give all desirable support to the limb, without causing these pernicious effects.

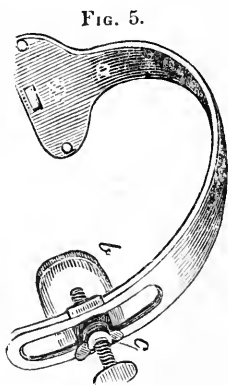


Fig. 5.—*a*, the radial end. *b*, the ulna pad. *c*, the thumb-nut to fix the screw in the slide.

DISLOCATIONS.

In cases where considerable force becomes necessary in the reduction of luxations of the humerus, and in all cases of the femur, Sir Astley

Cooper prefers the pulley to manual assistance, as the force of extension exerted by the former is gradual and unyielding, while that of the latter is unsteady, uncertain, and, after a short time, diminishing. It is well known that muscles will resist rough and unsteady extension, while by a gradual, and even less force, they may be soothed into a compliance.

In dislocations of the humerus into the axilla, the case would be very rare when any other force would be required in its reduction than could be exerted by the surgeon in the manner practised by Sir Astley. At least I have never found one which was not easily reduced by laying the patient on his back, placing my heel or foot in the axilla, and making extension from the wrist, during the many years I have adopted this method. In addition to Sir Astley's directions, I have usually requested the patient to take hold of the elbow with his other hand and draw it to his side. This has the double operation of diverting the mind of the patient from the extended muscles, and of making a lever of the humerus to bring it into its place.

But some cases of luxations may occur to every surgeon, where his best-directed efforts will fail of success without the aid of additional force. In such cases, I would suggest the expediency of not calling in the aid of manual assistance, when he can avail himself of the advantages of the mechanical powers.

By the *ratchet-wheel windlass* (fig. 1) any desirable force can be exerted, and with more facility than by pulleys. It can be used when the patient is placed in any convenient posture. The following, perhaps, would be the most practicable:—place the patient on his back on a bed, and screw the machine to the foot-piece of the bed; split a piece of firm cloth or leather, through which the arm is to be passed, so as to have one part apply to a cushion in the axilla, and the other, made somewhat shorter, to the acromion; connect this to a strap fixed to the head-board; wrap a towel round the arm above the elbow, over which fix another towel or any convenient band, to which the cord of the machine is to be connected. Everything being adjusted, make the extension in a slow and gradual manner, directing the patient at the same time to pull at something with the other arm, or to attempt to draw his elbow to his side, thereby making of it a lever—the cushion in the axilla being the fulcrum over which it would act. If the bone does not return to its place, let the extension remain the same for some minutes, while the muscles are soothed by gentle friction. Again carry the extension further; at the same time direct the patient to attempt to rise, or change his position by placing his body in a greater angle with the extended humerus, when the reduction will probably be immediately effected, but not with the usual report, therefore care should be taken that extension be discontinued when the head of the bone is carried over the edge of the socket. When the luxation is forward or backward, we have only to vary the direction of the extension, as would be proper by other methods.

It will be perceived that by this machine the surgeon, as is very desirable, does all that is, or ought to be done, in his own time; possessing the power and facility by mechanical and constitutional means of com-

manding success; for while extension is continued he may administer medicine or let blood if necessary. And what is not unworthy the consideration of the surgeon, it would be more for his credit to have alone performed the operation, than to have been a mere director of the manual force which had accomplished it.

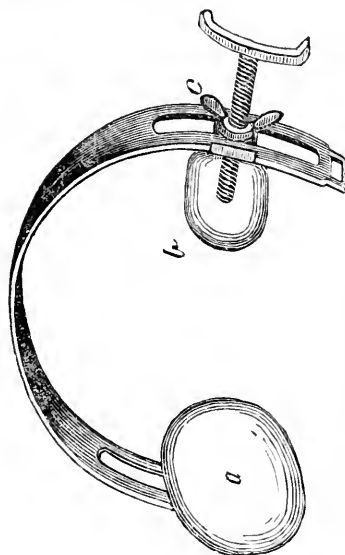
This machine would be equally useful in other luxations requiring considerable extending power—especially in that of the femur. No other rules need be given for the use of it in this case, than is given above and in the books, for effecting reduction by the pulleys.

But one case of luxation of the os femoris has fallen to my care, which I was able to reduce without a recourse to forcible extension. This occurred about 20 years since, when the late Prof. Nathan Smith's account of the reduction of a similar dislocation was fresh in my recollection. It was a luxation upwards on the dorsum ilii. The method by which Dr. Smith ultimately succeeded in his case, after fruitless attempts by extension, was the one by which I had determined to attempt reduction; but that I might be prepared for a failure, towels and bands were applied as usual, with assistants ready to make any extension which might be found necessary. The patient was permitted to lie on his back on the bed where I found him, the knee of the luxated limb turned in and over the other. I raised the knee in the direction it inclined to take, which was towards the breast of the opposite side, till the descent of the head of the bone gave an inclination of the knee outwards, when I made use of the leg, being at right angle with the thigh, as a lever to rotate the latter and turn the head of it inwards. It then readily returned to its socket, with an audible snap. During this operation the two assistants who had been placed to make the lateral extension and counter-extension, if ultimately required, were directed to draw moderately at their towels. How much of the success of the operation is to be imputed to their extension, and the rotation of the thigh by the leg, I am unable to determine; but as Dr. Smith succeeded without the aid of either, and as the head of the femur seemed to descend by an easy and natural process, I am inclined to believe that all that is necessary in such cases, is to elevate the knee, when the ilium, the muscles attached to it, and perhaps the ligaments, become the natural fulcrum, over which the thigh, as a lever, acts to bring the head down and inwards into the socket. Indeed it would be in vain to attempt to bring the head of the bone into its place until it had presented itself to the socket, by any power whatever, as was fully illustrated in the case recorded in the French *Lancet* and elsewhere. In this case of dislocation of the thigh, dating seven months and a half, after powerful and continued extension for several days, and "when the head of the femur was brought down to a level with the acetabulum, the extended force was suspended, and the two assistants having bent the leg on the thigh, were directed to rotate the latter from without inwards; during this manœuvre the femur was broke across at the lower third."

SEMI-CIRCULAR TOURNIQUET.

Having procured an engraving of this instrument, we are induced to

subjoin it to the above, although it belongs to another branch of surgery. The cut accurately illustrates its construction and application. *a*, the posterior pad, the screw of which is fixed in the slide by a thumb-nut ;



c, a similar thumb-nut to fix the screw of the arterial pad, *b*, in the slide, after the requisite pressure has been made by turning it down. The slides render the instrument applicable to limbs of various sizes. Straps may be fixed in the cross-fissures of its extremities, which being buckled round the limb will prevent accidental displacement.

It will be readily perceived that the operation of this instrument would be to effectually compress the artery on which the arterial pad is applied, and to leave the circulation of all the other vessels of the limb unimpeded. Hence hemorrhage could be suppressed by it for a long time when the appropriate operation is necessarily delayed. In the operation of amputation, it may be found convenient, and preferable to any other in cases where suitable assistants cannot

be obtained. In all cases of secondary hemorrhage, it would be found very useful. It can be applied higher on the femoral artery, than any other tourniquet ; even above Poupart's ligament on the external iliac. In the latter case the posterior pad would lie on the sacrum. Aneurism might, probably, in some cases be cured by its application, and in cases of punctured arteries, it might be prevented. Pressure by suitable compress and bandage would here be required, over the aneurismal or punctured part, while the circulation in the artery would be restrained by the use of the instrument higher up. This instrument, or a modification of it, might, perhaps, be successfully applied to varicose veins of the extremities.

These suggestions have not been dictated by a practical use of the instrument, and they will be received accordingly ; but if it has merits, they will be discovered and appreciated by the profession.

Jaffrey, N. H., May, 1840.

SPINAL IRRITATION.

BY T. GLYSSON, M.D., OF WILLIAMSTOWN, VT.

[Communicated for the Boston Medical and Surgical Journal.]

DR. ATKINS, of West Amesbury, under date of Dec. 25, 1839, has called upon those of the profession, having had experience in this disease, to "take it up and discuss it at large," and then propounds the follow-

ing questions for their consideration :—"What is the nature, the principal causes, and best mode of treatment, of spinal irritation?" In relation to the nature of this malady, I have ever regarded it a kind of inflammation existing both in a chronic and acute form, partaking much of the nature of that kind of rheumatism called by Dr. Tully *Arthritis Rheumatalgia*, variety *neuralgica*, and located in the motive and sensitive nerves, and those portions of the medulla spinalis giving origin to those nerves. In regard to its principal causes, I am well convinced that tight lacing, in the female, is the most frequent; though other causes exist, such as injuries to the spinal column, and long confinement from sickness, and mainly in subjects of strumous habit. I would not say that in every case of tight lacing, this disease is found to exist; but that it does exist, with greater or less degree of severity, in as large a proportion as nineteen twentieths of those who practise this immoderately, I think is pretty certain. I am well persuaded that tight lacing, in the female class, has a greater or less degree of agency in almost every case of spinal irritation. I have had some experience in the treatment of this disease, and have met with many cases which were very perplexing. But most of them, by dint of perseverance in the course of medication which will be illustrated in the case I now offer, have had a favorable termination. How many cases I have had I could not now tell, but I believe I have never witnessed but one fatal termination. I find it a disease extremely liable to recur in the same subject, unless a great degree of pains is taken in its management during the convalescing stage. The method of treatment which I have always adopted is nothing new nor original with me. I have found some cases to yield to the same remedies, by a great degree of patience in perseverance, which otherwise refused to be controlled.

The following case came under my care last fall, and I would here remark that in December I had another as near like it as any two cases I ever saw, in different subjects. The first referred to was a female of strumous habit, and in my opinion was caused wholly by tight lacing. The latter was a male, and came on in consequence of frequent and protracted attacks of chronic hepatitis. That spinal irritation has its place of location in the nervous system, and that it is, in its incipient stage, confined to the sensitive nerves, and after becoming more general, the motive nerves are to a greater or less extent affected, I think is quite evident from the symptoms and the nature of the remedies which may be said to be peculiarly adapted to the disease.

Miss L. M., eve of Nov. 7, 1839, was attacked very suddenly with pain and distress of the severest kind in the left side, directly under the margin of the floating ribs, darting up to the shoulder, with numbness of the left superior extremity. There was much severe, darting pain into the posterior cervical, occipital, and through to the frontal regions of the head, with redness and tenderness of the eyeballs, and tenderness of the scalp. Her distress extended through the whole system, inferior extremities and all. There was but little tenderness of the bowels, though it was excessive through the gastric, hepatic and sternal regions. Occasionally some spasms of the extremities, with much numbness and cold-

ness. At the commencement of each paroxysm there would be much difficulty of breathing, considerable sinking, and a sensation approaching that of faintness. Pulse, pretty soon after my arrival, was but slightly affected, and about 70 in a minute. At the time of my arrival she was just recovering from a severe paroxysm, the first of the kind, and which very much alarmed the family, as it came on very suddenly and went through its stages with considerable rapidity. Truly alarming was it to them, for they had never before witnessed anything of the kind. But to me it was not so. They gave me a hurried description of what they had witnessed, and insisted on my giving something immediately, as they were fearful that should she have another one as severe, she would not be able to endure it. I replied that we should never hastily act, for fear that we should do something wrong; and quieted their fears by telling them that, undoubtedly, she would soon have another, that there was no danger, and assured them that no pains should be spared in determining the true nature of the disease; the best remedies should be selected, and if I had any skill, they should most certainly receive the benefit of it. During the examination they became satisfied that I understood the case, and would soon be able to afford relief. My attention was first directed to the spinal region, where I found a high degree of inflammation (though a greater degree in some localities than in others) from the 4th cervical to the 2d lumbar vertebra. At certain localities I found it very severe; as the last cervical, the third, fourth, seventh and eighth dorsal, and last between the first and second lumbar vertebrae. The slightest pressure at either of these points would bring on the whole train of symptoms from which she suffered during the paroxysm occurring previous to my arrival. I examined the spine with a very great degree of care, and notwithstanding this she was thrown into a paroxysm, though not so severe as the first, nor of so long duration, for under the influence of a pretty liberal dose of hyoscyamus, conjoined with acet. morph., she soon became comfortable. A very slight degree of pressure over the last cervical vertebra would produce severe lancinating, darting pains through the occipital, frontal and parietal regions; pressure over the 3d and 4th dorsal would produce similar pains through the gastric, hepatic and sternal regions, and an extreme degree of sinking and fainting; pressure over the 7th and 8th dorsal, and the 2d lumbar vertebrae, produced severe darting pains through the region of the kidneys and throughout the pelvis, and considerable numbness through the extremities, and spasms.

She now declared the fact that she had suffered from many of these symptoms, in a greater or less degree, for upwards of four or five months, though her parents were ignorant of it. She had suffered some from leucorrhœa and its attending symptoms, which were, at this time, gaining ground upon her. Monthly turns were irregular as to their appearance and severity. I first bled her to the amount of about 8 ounces, and then applied small blisters over those parts of the spinal region named above. Applied strong tartar-emetic ointment to the inferior sternal region. Gave powders prepared from morphine, camphor and prot. merc. to be taken once in 5 hours. The dose consisted of about $\frac{3}{4}$ of a grain of mor-

phine, 2 grains of camphor and 1 of prot. merc. Also gave her about 3 grain doses of hyoscyamus, to be taken about two hours and a half after each dose of the powder, and ordered effervescing powders to be taken as often as she might choose. I should state that she has been habitually constive, and on this account ordered her to take castor oil about the middle of the day of the 8th, and if no operation in the evening to repeat the dose once in 6 hours until it should operate.

Owing to other engagements I did not see her again until the 10th. During this period she had had four or five paroxysms, though each was less severe than the preceding ones. The blisters were some time in filling, and discharged but little, and had nearly healed up, and her mouth is beginning to be slightly affected by the prot. merc. Physic operated favorably. I have no doubt that, had she not at this time been suffering from strangury and suppression of urine, she would be very comfortable. All of the medicines are continued as before, except that she is to take the powders and pills once in four hours instead of five. Give spts. nitre.

Nov. 12. To-day very comfortable, except a slight pain in the side; is otherwise entirely free. The strangury had mostly subsided. The inflammation throughout the spinal region had lessened considerably. The second set of blisters filled remarkably well and discharged freely. The ointment is producing a fine crop of pustules at the inferior sternal region. Medicines are continued in conjunction with dry cupping over the superior portion of the dorsal region and superior portion of the sternal region.

14. Continues to improve, and medicines operate to advantage and are continued.

16. Not so well—had two paroxysms during the night of the 15th, in consequence of the appearance of her monthly turns, and the strangury has returned with more severity than before. She is, however, quite comfortable this morning to what she was through the night. Continue the powders and pills, and give an infusion of uva ursi with digitalis to control the strangury and palpitation of the heart, which is pretty severe at this time. Mouth is pretty sore, and on this account discontinue the prot. merc. Apply blister over the hepatic region.

17. Quite comfortable. Pain and strangury have mostly abated, and she feels quite encouraged, and begins to talk of being around the house in the course of a week. Continue cupping.

18. Very comfortable, though complaining of slight pain in the left side, but still not so much since the dressing of the blister, which filled well and discharged considerable. Has not suffered much from sinking and faintness, since day before yesterday, and feels stronger and can sit up better. To-day there is but little inflammation existing in the spinal region, and the second set of blisters have been healed up. Soreness of the mouth has abated considerably. Tart. emet. ointment is doing its duty, and she thinks it affords her much relief. Continue medicines. Apply, also, a pretty good-sized blister to the superior dorsal, and another to the superior portion of the lumbar region, and direct her to take bal. copaiba, as she does not seem to gain much of her leucorrhœal

affection. Take, also, two blue pills once in six hours until they operate.

19. Improving in every respect. Blisters have filled well, and physic operated favorably. Discontinue tart. emet. ointment for a few days. Continue all other medicines.

20. Still improving. Mouth is nearly well. Has some appetite, and is able to sit up about an hour. Not much tenderness about the spine. Continue all medicines except uva ursi and digitalis, and for the latter substitute wine of the seeds of colchicum for the palpitation.

22. Convalescent beyond a doubt, and the family are agreeably disappointed, as they now consider a recovery pretty certain.

26. Continues to improve, though not very rapidly. Continue all medicines as before. Re-apply the tart. emet. ointment.

December 1. During the 27th, 28th and 29th Nov. about stationary, but to-day considerably better, is able to be about the house some. Pretty much free from pain, and strength is considerable, yet not very strong. She feels much encouraged, and I continue all medicines and direct her to take of them until she gets the usual amount of strength. Direct her to keep up the use of the tart. emet. ointment so long as there is the slightest pain and tenderness of the spinal, gastric and hepatic regions.

May, 1840.

MEDICAL ITEMS FROM THE WEST.

[Communicated for the Boston Medical and Surgical Journal.]

DR. FLINT has tendered his resignation as Professor of Surgery in the Louisville Medical Institute, and we learn that it has been accepted. They are now looking out for some one to fill his place. Dr. Gross, of Cincinnati, will doubtless be appointed.

A new medical school has been organized at St. Louis—a medical department of Kemper College—with Dr. McDowell at its head. The other professors elect, we learn, are Dr. Harrison, of Cincinnati; Dr. Hall, Dr. De Wolf, and Dr. Moore. Dr. Harrison has declined accepting his appointment.

A pathological society was formed at Cincinnati on the 12th of May. Dr. Gross is president.

Dr. Oliver has been appointed Professor of Theory and Practice in the Ohio Medical College, and in case of his acceptance, Dr. Kirtland, who now holds the chair, will be transferred to that of Mat. Medica, vice Dr. Wright transferred to the chair of Obstetrics, vice Dr. Moorehead resigned. This school appears to be in a very fair condition, and we hope, for the honor of the city of Cincinnati as well as of the State, that it will flourish.

And here we may say a word or two respecting the neighboring schools. Transylvania is erect. Her character is established, and nothing but internal war can injure her reputation. The Institute at Louisville is not, at this time, in a well-settled state. We hope, however, that by next session she will have a full faculty, and that she will go ahead without

any further difficulty ; but we must be allowed to express our fears that her troubles have only commenced.

The demand for Dr. Gross's work on Pathological Anatomy far exceeds the supply. Hundreds have applied for it in this city, who have not obtained it.

Dr. Mussey has performed a second Rhinoplastic operation in Cincinnati, but not with success. The patient was a young lady of 18 or 20. Adhesion could not be effected, and the section of flesh, taken from the arm, sphacelated.

The Ohio and Mississippi rivers have both been very high for several weeks past, and it is feared the country adjoining them will be quite sickly the ensuing summer and autumn.

Prof. Espy delivered a course of lectures, last week, in the Cincinnati College, which were very well attended. His theory of storms, &c. &c., is very well received in the West.

Dr. Combe spent a few days with us in April, but left without delivering a single lecture, or making any acquaintance with the medical gentlemen of the city. We cannot tell why the doctor was so reserved. We understood that he stated to a gentleman in private conversation, that to lecture to a Cincinnati audience on phrenology would be like throwing pearls before swine. There is some ground for such a conjecture. The times are very hard here—everything is under the weather, and phrenology has gone out of fashion. Notwithstanding all these things, we believe that *Dr. Combe* could have drawn a crowded house as often as he would have lectured.

The Western Journal of Medicine and Surgery, which was suspended in consequence of the late disturbances in the school at Louisville, is about being revived. How long it will live is uncertain. It seems a matter of impossibility to carry on a western Medical Journal, and one great reason of the difficulty (according to publishers) is the constant failure of physicians to meet their bills.

W. J. B.

Cincinnati, Ohio, May, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1840.

TRANSACTIONS OF THE NEW YORK MEDICAL SOCIETY.

PART III. of Vol. 4, has been published, and the receipt of a copy, from the Society, is gratefully acknowledged. There is a degree of finish about this series of reports, highly creditable to the gentlemen who arrange the various papers. We notice a continuation of Prof. Beck's very valuable statistical tables of the Medical Colleges of the United States, which must have been the result of much labor. The whole profession are under peculiar obligations to him. We hardly know which to admire most, the author's perseverance or accuracy of detail. The next paper of special interest, is a report on the subject of medical education, which will re-

ceive further attention at a convenient time. Next, is a prize dissertation on diseases of the spinal column, their causes, diagnosis, history, and best mode of treatment, by Nathan S. Davis, M.D., of Binghamton, N. Y. We have not yet had sufficient opportunity for a thorough examination of its contents.

Lowell Hospital.—Within a few months an institution has been organized in Lowell, for the benefit of the operatives of that great manufacturing city. Its location is represented to be excellent, and since the appointment of Dr. Kimball to the office of resident surgeon, it is presumed that patients are received upon the plan of other hospitals. Somehow we have failed in procuring a plan of the Lowell hospital, and if some medical gentleman residing there will oblige us with its statistics the favor shall not go unrequited.

Vacant Professorships.—Very many appointments must necessarily be made in several States, in order to fill the vacant medical chairs before the next lecture season commences. No little curiosity is beginning to be manifested, to know who the fortunate gentlemen may be who are to be suddenly elevated to public notice. We are pretty sure that the distinction of being selected for one college will fall upon a Boston physician, who is eminently well qualified to give character to the situation for which his services are sought.

Prolapsus Uteri.—Notice is given to the profession that Messrs. Francis & Bartlett, 16 Howard street, have permanently established themselves to attend to their orders for Chapin's instruments for the relief of prolapsus uteri. This complaint often costs the medical attendant more trouble than even acute and dangerous diseases—but with this instrument, says a correspondent, the physician can afford them such well-adapted mechanical support, as to give effectual relief to those many distressing sensations which destroy all the comforts of existence. The support given is founded on the anatomy of the parts—applied so as to press upwards and backwards, compressing the lower portion of the abdomen, thus making its pressure where patients complain of the most pain and weakness. The agents invite a trial of these instruments by the faculty, among whom, as yet, there is but a single, uniform opinion of their high value. As Messrs. Francis & Bartlett will make a permanent residence in Boston, gentlemen can at any time order such supporters as their different cases may require, which has long been a desideratum in the city.

Eunuchs.—At Kordofan, the emasculating operation is carried on to a prodigious extent, according to Mr. Holroyd, who visited Egypt in 1838. The brother of the late king of Darfoor, in Africa, receives a pension from Mahomed Ali for supplying his harems with eunuchs. No less than 150 boys are annually emasculated by that wretch, and as many more by others in the same place. At Est-ioot, only a few days journey from Cairo, where the Pacha is visiting, says Mr. Holroyd, "Whilst I am writing, the slaves from Darfoor are submitted to similar brutalities for the purpose of enhancing their value; a circumstance with which Mahomed Ali must be

thoroughly acquainted, but which he openly sanctions with unblushing effrontery and apathetic indifference." So much for the civilization and regeneration of Egypt under the sovereign authority of this modern despot.

On Thread Setons. By JONATHAN OSBORNE, M.D., Dublin.—The ordinary seton, although a measure of great value, when it is desired to keep up a permanent counter-irritation, is yet often attended with much unnecessary pain and inconvenience. Especially in the nape of the neck, the size of the strap of threads or of gum elastic introduced into the opening is productive of general discomfort and teasing, not well calculated to diminish a tendency of blood to the head, but rather the contrary. I have adopted a plan which will be found better suited to many of such cases. It is to make a seton with an ordinary sewing needle of the thickest kind, and one thread of oiled silk. This is passed through a piece of the skin held between the finger and thumb, about six inches of the thread being allowed to remain. In twenty-four hours considerable redness comes on, and in a few days a purulent discharge is set up, much more in quantity than a comparison between the size of it and of the ordinary seton might lead to expect. The opening gradually enlarges, and no doubt in process of time, like the perforation made in the ears for ear-rings, assumes the function and secretion of a mucous membrane. The trifling degree of pain, however, inflicted by the operation enables us to multiply these setons, and to substitute new for old ones; so that I think it is evident, that in this way a greater discharge and a more efficient counter-irritation may be maintained, with less inconvenience than by the ordinary setons, and in places where the former would be impracticable.—*Dublin Journal*.

Statistics of Insanity in France.—During the last 8 years 1045 insane patients were received into the Lyons Hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the patients, were as follows:—

FEMALES, 542. *Physical.*—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (*isolation*), 6.

Moral.—Domestic afflictions, 65; poverty, 47; loss of fortune, 34; love and jealousy, 33; fright, 8; religion, 29; politics, 11.

MALES, 503. *Physical.*—Hereditary disposition, 62; drunkenness, 54; apoplexy, 25; onanism, 21; syphilis, or mercury, 5; injuries of the head, 6; solitary confinement, 9; retrocession of cutaneous diseases, 14.

Moral.—Domestic trouble, 65; poverty, 56; loss of fortune, 36; politics, 16; jealousy, 14; religion, 12; fright, 6; excessive study, 8.

Of the 542 females, 114 were discharged perfectly cured; 91 were withdrawn by their friends, improved; 162 died; 175 remained in hospital on the 1st of June, 1839. Of the 503 males, 149 were cured; 61 withdrawn; 158 died; and 135 remained in hospital. Hence the proportion of cures for the females, was 1 in 5; and for the males, something more than 1 in 5.—*Gaz. Med.*

On the Treatment of Dysentery with Albumen. By M. SAUCEORTE, Physician to the Hospital at Lunéville.—The dysentery which annually

attacks a considerable number of men of our garrison, affected only thirteen in the months of October and November, 1838; and ten in those of August and September, 1839. I employed in some of these cases the albuminous method of treatment recommended by MM. Bodin de la Pichonnerie and Mondière. Comparatively with those by the ordinary method (by antiphlogistics and opiates), the results obtained by it were really of the most striking kind. My own experience and that acquired by others in the hospital shows that when the disease is at all severe, it generally lasts two or three weeks, sometimes becomes chronic, or terminates in death; besides this the reiterated application of leeches causes severe pain, the administration of enemata is continually attended with much difficulty, the convalescence is prolonged and attended with extreme weakness when the disease is not stopped during the first week. Judging from the cases I have observed, the albuminous treatment is attended with precisely contrary effects—rapid cessation of the symptoms, quick convalescence, and recovery of strength, while the administration is attended neither with pain nor any sort of inconvenience.

[The albumen was exhibited both as a ptisan and in enemata, according to the formula of M. Mondière, and eight cases are related (some, however, with ludicrous brevity) in support of the above emphatic encomiums. In some of the cases there was undoubted inflammation of the large intestine; in all, frequent, bloody stools, tenesmus, &c.]—*Gaz. Medicale*.

New Form of Blister.—M. Trousseau speaks highly of a form of blister which he has recently invented, or rather modified from the English preparation. An æthereal extract of cantharides is obtained from the action of sulphuric æther on the powder of Spanish flies. Portions of blotting paper of various sizes are imbibed with this extract, and form so many blisters. From numerous experiments, M. Trousseau found that this preparation produced vesication in about eight hours and a half, a time much shorter than any other blister will act in. The new blistering paper is more readily prepared than the common blisters; is much more clean, is portable, and does not cost more. Papers may also be prepared with the extract of cantharides, for the purpose of keeping blistered surfaces open. Thus 1-10th, 1-15th, 1-20th, or 1-25th parts of the extract may be mixed with one of yellow wax, and spread upon paper.—*Medico-Chirurgical Journal*.

Paralysis and Neuralgia.—M. Magendie is much in the habit of employing electricity in the treatment of these affections. He has recently cured two young persons affected with facial hemiplegia, by electricity communicated to the nerves through means of platina wires. In experimenting, M. Magendie remarked that the branches of the seventh pair, although paralysed, still conserved their sensibility; and hence concludes that the latter is derived from the branches of the fifth pair which anastomose with it. M. Roux having remarked that he had lately cut all the branches of the seventh nerve, but that the pain returned in other nervous filaments, M. Magendie related the following case:—

A lady placed herself under his care for facial neuralgia, from which she had suffered incessantly for the last five years. The pain passed from one branch of the fifth nerve to another, but was always constant.

On the first day of treatment it occupied the inferior maxillary nerve; as soon as the electric current was established, the pain passed to the tongue. M. Magendie fixed a needle in that organ, and the pain immediately passed to the sub-orbital branch. In short, it successively occupied the various branches of the fifth pair, but was always dislodged, and a cure was finally effected.—*Ibid.*

Medical Miscellany.—Dr. Pollard has opened the Tremont House, at Natchez, for the reception of the wounded and maimed, who were injured in the late dreadful tornado which passed over that city. Dr. Taliaferro was dug out alive from the ruins of the Steamboat Hotel, after the storm subsided.—A tooth of a mastodon, weighing six and a half pounds, in a fine state of preservation, was recently dug up near the Osage river, Mo.—Dr. S. P. White, of New York, successfully trepanned a boy, the last week, under peculiar circumstances.—The Mass. Med. Society meet this day—annual meeting at the Temple, and dine at the United States Hotel. To-morrow the Council will elect a president, vice president, and other executive officers, by ballot.—A machine has been constructed in Boston for manufacturing pills, which makes 64 by one revolution of the crank that propels the wheels. By simply turning two thumb-screws, they may be made to weigh from three to ten grains each, just as the operator desires.—Dr. Flint has again cut for the stone, at Louisville, Ky., very successfully. The patient was a young man from Indiana. The stone was two and half inches in diameter, and weighed upwards of two ounces. There was neither laceration nor much hemorrhage.—What has become of the patent *alleviator*, about which there were many commendations some three years ago? It was a frame, within which various slings were attached to rollers, so that a patient might be raised from a bed or conveyed from one apartment to another, even in cases of fractures or dislocations.—Pepper is again much praised for its efficacy in gonorrhœa, as well as in some other seminal complaints.—Mr. Call's Peruvian tooth powder is likely to become very celebrated. Since he makes no secret of the composition, no one is afraid to use it, as it contains nothing which chemically injures the teeth, and he is well known as a practical and scientific druggist.—Dr. Miner returned from England last week.—Dr. A. Courtenay, of the English Royal Navy, states in the *Lancet*, that he has attended 1127 cases of midwifery, and has invariably found that, other circumstances being equal, those mothers who never tasted malt liquors, wine or spirits, during and subsequent to the period of labor, have had the easiest labors, the earliest recoveries, and the best health afterwards. The offspring of such mothers have, also, been more free from disease than others.

TO CORRESPONDENTS.—An account of Dr. Warren's recent rhinoplastic operation will be inserted in our next No., and in the succeeding one will be published Dr. King's Fiske Fund Prize Dissertation.—Several shorter communications, now on hand, will be inserted as space will admit. Among them are a second and more particular report of a case of *mollities ossium*, a case of the destruction of the descending vena cava, and one of a tumor of the uterus.

Number of deaths in Boston for the week ending May 23, 35.—Males, 15—females, 20.—Stillborn, 4. Of consumption, 8—delirium tremens, 1—hooping cough, 3—worm fever, 1—canker in bowels, 1—rheumatic fever, 1—cancer, 1—disease of the lungs, 1—lung fever, 3—smallpox, 3—scarlet fever, 1—sudden, 2—inflammation of the bowels, 5—dropsy, 1.

MASSACHUSETTS MEDICAL SOCIETY.

The annual meeting of the Massachusetts Medical Society will be held at the Temple, Tremont Street, on Wednesday, 27th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, P. M., by Abel L. Peirson, M.D., of Salem. Literary gentlemen interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at 1-2 past 2, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Councilors will be held on the day following, at the Society's room, Athenæum buildings, Pearl Street, at 10 o'clock, A.M.

S. D. TOWNSEND,

May 13—31

Recording Secretary.

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGEARY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREY'S STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

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SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—17

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 721 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*.

March 11—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 17.

TALIACOTIAN OPERATION.

BY J. MASON WARREN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE young man who was the subject of this operation had been affected for 15 years with a very troublesome disease, which bears many of the marks presented by what has usually been described under that form of lupus, which proves destructive by interstitial absorption. The commencement of this affection was by a spot on the very tip of the nose, which gradually extended, becoming finally of a livid red color, and having its surface covered by numerous elevations of a tubercular appearance. In his ordinary state of health, and when perfectly quiet, the only sensation in the affected part was that of an uncomfortable heat and itching; but on the slightest derangement of the system, and upon any extraordinary exertion, particularly when engaged in his ordinary occupations, which are those of a farmer, an intense burning and stinging sensation was produced not only in the nose itself, but extending to the surrounding integuments, and this often so insupportable as to oblige him to desist from his work, and have recourse to some cold topical application, in order to gain a temporary relief. He has gone through a great variety of treatment, continued for a number of years, but without the slightest alleviation to his sufferings. A year since he had a caustic application made to the part, which destroyed the skin for the space of one or two lines, and the subjacent cartilage, the greater portion of the disease remaining undisturbed.

He came to Boston under these circumstances, determined to have the part removed, and the loss of substance supplied by the Taliacotian operation. At this period the nose had a very pinched appearance, the skin being of an intense red towards the tip, and having in its substance a number of hard, tubercular bodies. A slight redness extended over the ala nasi of the right side. In the centre was a depression and loss of substance, where the caustic application had been made.

He was seen, previous to the operation, by a number of medical gentlemen well informed in the diagnosis of diseases of the skin, and the only name which could be given to this affection was that which has been already stated; though it differed materially from lupus in many particulars, especially in its long-continued freedom from ulceration, the

great suffering attending it, and the absence of any affection of the mucous membrane of the nose.

The operation was performed on the 8th of April, in presence of Dr. Salisbury, Dr. Gordon, Dr. Mifflin, and some other medical gentlemen. The disease, which extended up as far as the nasal bones, was very carefully removed, and the cartilages below, not destroyed by the caustic, found to be in a perfectly healthy state.

The dimensions of the flap necessary to supply this loss of substance were now carefully taken, and marked out on the fore-arm. The traces were made on the radial side of the left arm, about two inches from the styloid process of the radius, and extended over to the space midway between the bones of the fore-arm. This flap was dissected up, including, with the skin, the sub-cutaneous cellular membrane, and was secured in its new situation, in contact with the face, by means of five points of the interrupted suture, the arm being firmly fixed in this position by appropriate bandages. An elastic tube was given to the patient, to use whenever he required to take nourishment—the mouth being so covered up as to prevent food being directly introduced into it. He was placed in bed, and supported in a sitting posture by means of a common bed-chair.

I saw him in the evening, and found him much less disturbed than could have been expected, considering the very restrained position which it was necessary for him to maintain.

On the following day, the 9th, there was some appearance of erysipelatous inflammation on the bridge of the nose; he had been pretty quiet, and had slept a little, but required constant watching to prevent him from slipping down and doubling himself up in the bed, to which there was a constant tendency. He complained much of a want of solid support to the elbow, and for this purpose a wooden apparatus was constructed and placed across the bed, which served as a firm resting place for the arm, and enabled him to maintain more easily the proper position. The pulse was 60, and throughout the whole period of his confinement it remained below the ordinary standard. On the 10th he complained less of his arm, but was exceedingly restless. During the day he was removed to an easy-chair, and the change afforded great relief.

The state of things varied little from that already described until the 5th day, the period appointed for separating the connection between the arm and face. On this day the base of the flap was divided, and a perfect adhesion was perceived to have taken place between the parts which had been placed in apposition.

The wound in the arm was dressed, and a small portion of the skin which projected bound down in its place by adhesive straps. The irregular portions of skin being removed, a slight compression was exercised on the edges around the nostrils, by means of small strips of adhesive plaster.

The arm, on being relieved from its confinement, was at first somewhat stiff, but not so painful as might have been expected, and what

was not a little curious, obstinately refused to be raised up again to the position it had so long unwillingly occupied. This, in a great measure, arose from a loss of power in the flexor muscles, from want of exercise of their functions; in the course of a few days, however, it regained its healthy state of feeling and motion.

By the 20th of April the newly transplanted skin had contracted to nearly the natural size, the line of union with the skin of the nose was perfectly lineal, all the abrupt and useless portions of skin on the lower edge of the nose had sloughed off, leaving a perfectly even and rounded edge to the nostrils.

On the 23d I was surprised, on removing the green cot which covered the dressings, to find that the whole cuticle of the restored part had peeled off, leaving the surface quite raw and covered by the green-coloring matter of the silk. This at first seemed a circumstance destined to embarrass the case and prolong the period of recovery, but in its termination proved of material benefit; a slight suppuration commenced, which brought down the skin to a natural thickness, and rounded off, in the most perfect manner, every inequality on its surface, and seemed also to melt the skin into the adjacent integuments so as almost to destroy the traces of the transverse line of union. A new cuticle rapidly formed, and by the end of the month he was quite well, and was presented at one of the meetings of the Society for Medical Improvement. The newly restored part still remains somewhat wanting in color, but in all probability by exposure to air and sun, it will soon assume the appearance of the surrounding integuments. Even now it requires that attention should be particularly attracted to the part, to show that any operation has ever been performed.

Remarks.—It will be perceived that in this case, the old operation, as performed by Taliacotus, of taking the desired integument from a distant part of the body, was preferred to the Indian method, in which the skin is borrowed from the forehead and hairy scalp. The reasons for this will be perfectly obvious. The loss of substance to be supplied was, in the case under consideration, small, when compared with those in which the whole organ has been destroyed; by the course resorted to, a scar on the forehead was entirely avoided, and that made on the arm, from the great extensibility allowed in bringing together the parts, has now become so small as to be scarcely perceptible.

The operation was not precisely that recommended by the Italian surgeon. Taliacotus preferred taking the skin from the arm near the insertion of the deltoid muscle, and by adopting this method the limb can be much more securely fixed in contact with the head. In the present case, the patient was desirous of having the operation performed as speedily as possible, so as not to be detained from his occupation longer than was absolutely necessary, and fear was entertained that if the arm was suddenly brought up to the required position, without previous training, the suffering produced might not only be insupportable, but that paralysis of the limb might be the final result.

This operation differed also from that of Taliacotus in the early pe-

riod at which the transplanted skin was separated from its connections—that is, on the fifth instead of the fourteenth or fifteenth day; and as the principal objection to this method is the position in which the arm is so long and painfully confined, this is certainly a very important consideration. It will also be remembered that the Italian surgeon did not at once dissect up the flap and confine it in the situation it was finally destined to occupy; but it was raised gradually, and thus allowed to suppurate and contract, and by this means become better adapted for the formation of the new nose; the most important point, however, the adhesive process, must by this means have been rendered much less to be depended on.

The print accompanying this paper will afford some idea of the position of the patient while the process of adhesion was going on. No drawing has been added of the appearances of the disease before the operation, as this could only be represented by a very highly-colored engraving.

Shortly after the above was written, the patient having exposed himself to the sun during a walk out of town, experienced considerable itching in the right ala of the nose, where, it will be remembered, there was a slight redness remaining. He came to me, very desirous to have the skin of this part at once removed, as he greatly feared that he might be troubled with it hereafter. He was also anxious that the experiment should be tried of cutting a piece of skin from the arm and immediately placing it in the wound to supply the loss of substance. Although I did not consider this part of the operation necessary, as the wound, in all probability, would have filled up by the granulating process, I yielded to his desire and made the attempt. The skin covering the ala nasi was removed so as to leave no appearance of redness remaining, and a piece of skin being immediately dissected from the fore arm, was confined in the wound by means of lint moistened in blood, which answered a much better purpose than the common adhesive plaster.

On removing the dressing, at the end of four days, a perfect union was found to have taken place.

CASE II.

Rhinoplastic Operation.—The publication of the following case has been delayed until the present, in order that sufficient time might elapse to enable us to form a judgment of the final effects of the operation. As eighteen months have now passed, and no material change will probably hereafter take place in the restored organ, it seems an appropriate time to give the facts to the public.

The patient, a young woman 27 years old, from Maine, applied to me under the following circumstances. Nearly sixteen months previous, having been troubled by a wart on the end of the nose, she was induced by her friends to apply for advice to one of those quacks, styled *cancer doctors*, who easily persuaded her that the affection was of a cancerous nature. A caustic application was advised, which produced so great a degree of inflammation as to alarm her and oblige her again to have recourse to him. His answer was that the application should be

continued—not only to the wart itself, but over the adjacent parts—“so that none of the *roots* of the disease might escape.” It was therefore persevered in, and so faithfully, that at the end of a fortnight all the fleshy part of the nose sloughed off, leaving the patient in a most deplorable condition. On re-application to the quack, as to what was to be done under these circumstances, he assured her that it was a most happy termination of the disease, which by these means had been wholly eradicated, and that the nose, in the course of time, would *grow out again*, and be perfectly restored.

These assurances, as may well be conceived, were not destined to be realized; the edges of the wound gradually cicatrized, leaving her in the state in which I saw her sixteen months after the occurrence of this calamity.

The state of the patient was much as follows:—The end of the nose, together with the *alæ nasi* and corresponding portion of the septum, was entirely destroyed, leaving the nasal passages wholly exposed; the *ossa nasi*, with a small portion of skin covering them, remained entire—their edges being lined with a firm, and somewhat vascular cicatrix. In other respects, the patient was a good-looking woman, and her health as little disturbed as could have been expected, considering the sedentary life she had led since this misfortune.

It was with much reluctance that I undertook to give her any encouragement, for reasons which will be easily appreciated. In the first place, the probability of success in an operation so as to realize the hopes entertained by the patient, was very doubtful; in the second place, the long confinement necessary for an operation of this character; and, finally, the great suffering attendant on it.

By these representations, however, she was not at all daunted—if any reasonable hope could be entertained of having her condition improved by an operation, she was determined to have the attempt made. She was advised, therefore, to return home for the present, and to come to Boston again at a period of the year more favorable for the operation than the heat of summer.

Two methods of operation presented themselves in this case:—the Indian method, in which the skin of the forehead is employed in the construction of the new nose; and the Italian method, of borrowing it from some other part of the body. After much deliberation, the former was decided upon as being the most certain where the skin required to be transplanted was so large in size, and also as being the one in which I had the most experience.

The patient did not arrive in town until the first week in November, and the operation was performed on the 17th, in the presence of Dr. Hayward and Dr. Hale of Boston, Dr. McKean of Brunswick, Dr. John C. Warren, and a number of medical students. The patient was placed in a recumbent position, with her head well supported by pillows. The dimensions of the flap to be removed were traced on the forehead, nearly one third larger in size than was necessary for the formation of the new nose; this included all that portion of the skin of the forehead lying between the temporal processes, ascending almost to the

commencement of the hair, and the portion to be used in the formation of the columna of the nose was almost exclusively taken from the hairy scalp. The flap, thus marked out, was carefully dissected up, and every precaution taken to leave the pedicle of the skin, between the eyebrows, sufficiently large to allow of a free vascular communication being maintained with the adjacent parts. Care was also taken to leave the angular arteries unwounded, as upon these the principal means of support to the flap depended. Before proceeding farther, the edges of the wound in the forehead were approximated by means of the twisted suture. This was facilitated by the incision in the scalp being prolonged to a pyramidal form.

The cicatrix covering the nasal bones was now removed, the flap twisted round and secured in its place by means of a number of points of the interrupted suture. The strip which was to form the columna of the nose was deeply implanted in an opening made for it in the upper lip; the whole was supported by small strips of adhesive plaster, and covered with lint, for the purpose of preserving, as much as possible, its temperature; small tubes were introduced into each nostril, to prevent the adhesion of the opposed surfaces.

The whole of this long and painful operation was supported with the most admirable fortitude; and not a single groan was extorted throughout the whole course of it—so that considerable anxiety was experienced, at some periods, that she had fainted, and it was necessary to make frequent inquiries to determine whether or not this was the case.

During the operation, a number of arteries were cut, and bled freely; but as it was desirable to avoid the use of ligatures, they were allowed to bleed, until they voluntarily ceased. The patient was directed to keep in bed, to remain perfectly still, and to breathe through the mouth; in order to favor this, a wedge of cork was secured between the teeth whenever any disposition to sleep was manifested.

I saw her four hours after the operation. She then complained of some sense of tension in the scalp, and a slight hemorrhage had occurred from the free edges of the new nose.

On the following day the nose was considerably swollen; pulse 72; she was rather restless. Some inflammation, apparently of an erysipelatous character, made its appearance about the forehead towards evening; this was attributed, partly, to the want of free ventilation in the room. On the following morning, however, not finding any abatement of the inflammation, I removed all the dressings from the head, together with the pins which confined the edges of the wound in contact. On the 21st, the sutures were removed from the nose, and an entire union to the adjacent parts had taken place. Upon questioning the patient as to the sensibility in the new-made organ, she states that it is nearly natural, and but slightly referred to the part from which the skin had been transplanted, as was the fact in the case formerly reported in this Journal. The form of the new nose is good, with a regular curved outline; the alæ nasi, also, are well defined; the whole, however, still much swollen. The nostrils are kept open by means of the small tubes, which are removed daily, and cleansed from the mucous and purulent secretions which tend continually to obstruct their passage.

The wound in the forehead was dressed daily with the creosote ointment, which remedied, in some measure, the fætor arising from the supuration of so extensive a wound. The patient also derived much comfort from a creosote gargle for the purpose of purifying the mouth.

On the column of the nose, which, it will be remembered, was taken from the scalp, hair still continued to grow; but it was easily removed by scissors, so as to be hardly perceptible.

From this period she gradually gained in strength, so as to be able, in a few days, to sit up. The wound in the forehead slowly cicatrized, and the nose assumed a more natural appearance. At the end of two months, the third drawing, which accompanies this paper, was made, and affords a good idea of her appearance. A small opening still remained at each side of the nose, which, together with the slight wrinkling caused by the twist in the flap, it was proposed to remedy at a future period, when all the parts had fully come to their bearings. She was, therefore, advised to return home to her friends, and in the following spring I performed the comparatively trifling operation which was required for confining the pedicle down in its place. The cicatrix of the forehead was then quite firm and easily concealed by the hair; her health tolerably good, though she suffered somewhat from confinement. She seemed to be quite satisfied with the results of the operation. The following extract from a letter, written lately by her physician, dated April 6th, will give some idea of her state at the present moment.

"Her general health is much better than when she returned home (except a slight cold which has called me to visit her to-day), and the restored part has improved in its appearance. It has diminished a little in size, and the color has become more like the other parts of the face. The sensation is quite natural, but very little referred to the forehead, and the circulation good. The sense of smell the same as before, and not at all affected by the operation. The hair yet grows on the end of the nose, but more scattering than at first; she will, I think, be able to destroy it entirely. She covers nearly all the scar on the forehead with the hair, and were it not for that made by the suture between the eyebrows, it would hardly be noticed. A small fissure still remains open at the right side of the nose, which is not noticed but by a close examination; it might be closed by taking out a small strip, and it would improve the appearance over the nasal bones, which are rather loose."

He also states that there is still a disposition in the nostrils to become closed. This might easily be remedied by a slight operation, consisting in the removal of a strip from the circumference of the nostril.

Remarks.—The operation, in this case, with some slight exceptions, resembled the one reported in this Journal two years since. It will be remembered that in the first operation the twisted suture was used for confining the new nose in its place, according to the method of Dieffenbach. In the present instance, however, the interrupted suture was substituted, and answered a much better purpose, the points of ulceration on the removal of the threads being less.

The sensations in the new nose being referred to the place from which the skin has been borrowed, has been denied by some writers. In both

of these cases, however, this morbid state of the sensations existed, but much less in the latter, from the very free vascular communication which was preserved by means of the large pedicle of skin connecting the nose with the neighboring parts.

It may not be uninteresting to those of the profession whose attention has been attracted to the first case, which was published in March, 1837, to learn the present state of that patient. We saw that young man a few days since, and do not find that any sensible alteration has taken place in the restored part since the case was reported. The shape of the nose is perfectly preserved, and none of that flattening has taken place which has usually been brought forward by the opponents of this operation, as one of the greatest objections to be preferred against it. In those cases where this finally occurs, it almost universally arises from the flap, in the first place, being too small in size; and the internal surfaces not being well opposed, adhesion fails, and as soon as all swelling subsides, the nose is left flat and deformed. In the present instance, the operation has been almost a new life to the patient, restoring him to the society of his friends, and enabling him to establish himself in business, which, in his previous situation, was utterly impossible.

The result of the above cases fully establishes the propriety of the operation, and the possibility of so far restoring the lost organ, as to make it difficult to discover the traces of the restoration, unless the attention be particularly directed to it.

Autoplastic operations for the restoration of parts that have been lost either by disease or from accident, are now attracting much attention both at home and abroad, and they may be had recourse to in a number of cases which previously had been given up as wholly incurable. It would be going too far beyond the limits of this paper to mention all the cases to which these operations might be applied; we therefore refer to a few only. Among the most important of these, may be instanced the operations for restoring the lower lip and the eyelid after the ablation of cancerous tumors, frequently practised by Dieffenbach; and in cases of fistulous openings of the larynx and trachea, of the vagina and urethra, cases where the mere bringing the parts together, or making raw their surfaces, as in the hare-lip operation, almost invariably fails in performing a cure. The autoplastic method which has been most generally adopted as applicable to these cases, is that in which the flap required is taken in the immediate neighborhood of the part destroyed, slid along, and confined in the desired situation by the twisted suture. This has been called, by the French, "*autoplastie par glissement du lambeau*."

The following cases operated on during last year will serve to illustrate this method. The first patient was a young man who had lost a portion of one side of the nose from a burn, the septum and bones of the nose being destroyed by the same accident, and the external opening of the nasal cavities entirely obliterated in the subsequent cicatrization of the parts. The operation was commenced by removing as much as possible of the cicatrix covering the nostrils. A flap of skin, of a triangular shape, was then dissected up from that part of the cheek immediately adjoining the ala nasi which was to be restored; this was slid



along and confined, by means of sutures, to the edges of the nose, from which a slip of integument had been previously removed. Union by the first intention took place, and at the end of a week the base of the flap was divided by a circular incision, which, besides diminishing the tension of the parts, simulated pretty well the circular depression on the cheek which bounds the *alæ nasi*. The operation was terminated after a fortnight's confinement; the appearance of the young man was much improved, and the power of breathing through the nostrils restored. The bridge of the nose, from the partial destruction of the bones, still remains depressed, but the circumstances of the patient not allowing of a long detention from business, it was not thought advisable to proceed to any further operation for the present.

The second case, a congenital fissure of both the hard and soft palate, will be viewed with some interest from the novelty of the operation.

The young man who was the subject of it, was 24 years of age, and his speech so much affected by this unfortunate conformation as to make him scarcely intelligible, except to those accustomed to his manner of speaking.

The operation was commenced by making raw the edges of the soft palate, after the method usually employed in cases of staphyloraphy, and three points of suture introduced. The mucous membrane covering the roof of the mouth was then carefully raised on each side of the fissure in the hard palate, brought across this opening, and confined by means of the interrupted suture. The flap formed by the mucous membrane of the mouth, it should be understood, was continuous with that of the soft palate. A firm union took place throughout the whole extent, with the exception of a small portion at its upper angle; the suture being torn away at this point on the third day succeeding the operation, from violent efforts in coughing.

The patient has now returned to the country, and has been recommended to touch the edges of the small opening which remains with the *nit. argenti*, with the hopes of obliterating it by this means; if, however, this should fail to succeed, a second operation is proposed for repeating the same process in the remaining part of the fissure.

This case will be given in detail hereafter, when the proposed operation has been put into execution. It will serve for the present to illustrate the points under consideration, and also establishes the fact of the possibility of an adhesion in cases of fissure in the soft palate, although complicated with an extensive separation of the bones—a point hitherto denied by writers on this subject.

Boston, May, 1840.

OBSTRUCTION OF THE DESCENDING VENA CAVA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Tewksbury's case of enlarged thymus gland, compressing the superior cava, though not obliterating it entirely, and the varicose state of the superficial veins of the thorax, in consequence, has brought

to my mind the following case, which you are at liberty to make such use of as you think fit.

Dr. R. Rice, of Detroit, of which city I was then a resident, called on Dr. A. Sager and myself to assist him at the post-mortem examination of ——— Mallows, aged 29 years. This was in March, 1836. Dr. Rice had seen him two or three times about two months before his death, but not since, until he was called the day before and found him dying. All we could learn of his history was as follows:—He had been sick six months. Sickness began with pain in the back, tenderness and pain in the abdomen, irregular feverish paroxysms and costiveness, emaciation, and bloating of the abdomen. Dr. Rice stated that when he saw him two months before, there was considerable anasarcaous swelling of the legs, and that the superficial veins of the abdomen were as large as the largest part of a finger.

On examination, after death, there was great emaciation, and the skin adhered closely to the muscles. The swelling of the legs was gone. The peritoneal coat of the intestines was opaque, small intestines much enlarged and loosely adhering in spots, thus making a number of partial cysts, which contained between two and three quarts of sero-purulent fluid. Many points on the surface of the intestines very vascular. Mesenteric glands much enlarged, and many were in a state of suppuration. The whole root of the mesentery, in fact, was a confused mass, full of abscesses, the matter of which was very fetid. Colon contracted, but it appeared to be only a muscular contraction. Contents of the cæcum light colored and without feculent smell. Stomach contained near a pint of gross, green liquid, about the consistence of water gruel. No appearance of disease in the inucous membrane. Spleen and kidneys healthy. In the left lobe of the liver, and occupying nearly the whole of it, was a firm, globular cyst, capable of containing half a pint or more, filled with hydatids of various sizes, and a gelatinous substance filling the interstices. Lungs healthy, except the lower portion of the left, which was of a bright red. They were much compressed by the contents of the abdomen. Heart appeared healthy, except that each ventricle contained a polypus concretion, that in the left extending to the bifurcation of the aorta. On turning again to the abdomen, behind the stomach, we found a cylindrical body nearly as large as one's wrist, extending parallel with the spine, in the situation of the vena cava. On endeavoring to detach it from its connections with the blended mass of disease by which it was surrounded, it broke in two at the upper part, on the application of slight force. It appeared homogeneous in texture, except that the outer part was more resisting than the inner. Its color and firmness resembled that of the medullary matter of the brain. On tracing it downwards, which was a matter of considerable difficulty, we found it to terminate in the iliac veins, and to be, in fact, the inferior cava changed in structure and reduced to the medullary mass which I have described.

Here, at the most interesting point of the examination, we were compelled to close by the people of the house; but no doubt existed in our minds as to the nature of the tumor. We did not ascertain the precise

route of the blood in returning to the heart, but probably it returned by the mammary veins to the subclavian. The obstruction of the vena cava must have been of some weeks standing, at least, but at the last there appeared to have been no obstruction to the free return of blood from the lower extremities. How long before death the œdematous swelling left the legs, we could not learn. In fact, nothing could be learned, from the people of the house, about the case. My notes, taken from recollection soon after, make no mention of the condition of the liver, except that it contained the hydatid cyst. My impression is, however, that its appearance was otherwise pretty healthy.

I have seen no account of a complete obliteration of either vena cava, though Cooper's Dictionary refers particularly to a case related by Dr. Baillie, in Transactions for the Improvement of Medical and Chirurgical Knowledge, Vol. I., page 127. See S. Cooper—Veins, diseases of.

Austinburg, Ohio, May 11, 1840.

I am yours, &c.

T. H. WADSWORTH.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, JUNE 3, 1840.

ANNIVERSARY OF THE MASS. MEDICAL SOCIETY.

ON Wednesday last, the members of the Massachusetts Medical Society an institution which was devised for the wisest purposes, and which embodies an amount of talent and character of which the Commonwealth may be proud, convened at the Temple, in this city. At an early hour, the day being delightful, the great hall gave evidence of the interest which the members from remote sections of the State feel in this venerable association.

Although an attempt was made to note down the various items of the business transactions, embracing the reports of the treasurer, librarian, &c., the sketch was too imperfect for the press, and those who had the misfortune to be absent, must patiently wait for the publication of the transactions of the day. Dr. Peirson, of Salem, delivered the annual discourse. The subject was one of a practical nature—*fractures*, which will also be distributed at a future period. It was a paper better calculated for the library, to be consulted as high authority, than to charm a popular audience. The dinner was served at the United States Hotel, that mammoth amongst houses. We have rarely seen a larger collection of medical men. On the day following, Drs. Shattuck and Miller having declined being candidates for office again, Dr. Rufus Wyman, of Roxbury, was elected president by the Counsellors; and Dr. Stephen Batchelder, of Royalston, vice president.

Whenever a transcript of the records is obtained, a catalogue of all the executive officers, together with whatever else may be generally useful to be known to the profession, will receive further attention.

London Dissector.—Dr. Edward J. Christy, demonstrator of anatomy in the University of Maryland, has completely revised and corrected that book of books for medical students, the *London Dissector*, or *Guide to Anatomy*. The former edition was a blind guide, and a miserable assistant, owing to the many provoking typographical errors. We take the more pleasure in speaking of this little unpretending volume, from a recollection of the many hours we were directed in the arduous labor of the dissecting-room, by this silent, but instructive companion. If that old copy could be recovered, abused and all tattered and torn as it was, it would become a precious object, to be venerated for its past services. Yet it was defaced by interlineations, in order to mark its numerous important defects. The student now has no such obstacles to contend with; the page is all fair before him; the technicals are scientifically adjusted; and the orthography, an essential consideration, is without a wandering letter. Every medical student, within the atmosphere of anatomical pursuits, should certainly be in possession of the *London Dissector*.

Physiology of the Skin.—J. G. Metcalf, M.D., of Mendon, Mass., is the author of a published lecture which was delivered before the American Institute of Instruction, at Springfield, in August, 1839. At first, it struck us as a singular affair to discourse on such a topic before a convention of instructors: to have lectured on the physiology of the dermoid textures in the presence of an assembly of medical men, would, at first view, have been more appropriate. But on the whole, after a re-perusal of its twenty-three octavo pages, we have come to the conclusion that since it is acknowledged by all intelligent persons that it is important to have physiological laws understood by the people, this topic was as good as any other. There is not much that may be considered new in the discourse: as to that matter, however, there is little new anywhere. Some men possess the happy faculty of re-arranging old materials in a way to instruct and delight those who have the happiness to be within the reach of their voice. This seems to have been the good fortune of Dr. Metcalf; and were the pamphlet extensively circulated in school districts, amongst farmers, and liberally distributed in manufacturing establishments, where the operatives, of all persons, should be taught, understandingly, the true method of preserving individual health, great good would be the certain result.

Salt Sulphur Springs.—Dr. Mütter's pamphlet of three chapters and an appendix, on the Salt Sulphur Springs of Monroe County, Virginia, is beginning to be consulted by the valetudinarian public. It is just the kind of pocket-pilot which is most wanted. Strangers in pursuit of the modern fountains of health, have confidence in the opinions of discreet physicians. Dr. M. is a philanthropist, who would be wretched were he to conceal what he conceives all important to be known throughout the land. We are not so ungenerous as to suppose that Dr. M. has a pecuniary interest in the reputation of the Salt Springs—notwithstanding they are represented by him as curing extraordinary maladies—at the head of which stands *chronic diseases of the brain!*

We believe only about 90 per cent. of all that is said about mineral springs in general. In making this declaration, however, it is by no means intended to question the integrity or the honest intentions of any

scientific gentleman who has endeavored to give the community a professional opinion in regard to any of the American medicinal springs.

New England Journal of Practical Medicine and Surgery.—Messrs. Otis, Broaders & Co. have issued a prospectus of a new monthly Journal, which is to appear shortly, under the joint editorial management of H. G. Wiley, M.D. and B. E. Cotting, M.D. It is supposed that since there is but one Richard in the field, in the whole of New England—our own Journal—another might meet with sufficient encouragement. Knowing all the gentlemen, personally, who are interested in the enterprise, we can heartily recommend them to the patronage of a discriminating medical public—hoping that their success will be satisfactory to themselves and their readers. Having had a longer experience than almost any other medical editor now connected with a periodical in this country, we can assure them that no man ever made a fortune by the business, nor ever will. The extreme difficulty attending the collection of the scattered subscriptions to an exclusively medical periodical, and the losses attending the most economical management of a press, have often been vexatiously discouraging; and nothing of a pecuniary kind but a contentment with very small profits on the part of those who have been connected with the publication of this Journal, has continued it in existence till the present time. Time has insensibly pressed us so far into the arena, however, that we cannot stop—and the world being wide enough for competition, petty jealousies are not indulged against those who feel disposed to enter the ring. In a word, therefore, may the New England Journal have fewer difficulties and pecuniary losses to contend with than have marked the course of the Boston Medical and Surgical Journal.

New Remedy for Diseases of the Skin.—Dr. Poyla, of Pest, has recently introduced a new remedy for diseases of the skin, which he has found, by experience, to be of the greatest value. The new remedy is named Anthrakokali, and may be prepared in the following manner:—

Caustic potass is first obtained by dissolving carbonate of potass in boiling water; into the solution is thrown enough of slaked lime to separate the potass; the liquid is then evaporated until the pure caustic potass remain. With 192 parts of the latter are mixed 160 parts of powdered coal; the vessel which contains the fluid is now removed from the fire, and the contents are to be agitated in a mortar until a black powder is obtained. For the sulphuretted anthrakokali 16 parts of sulphur are added to the powdered coal.

Action of the Remedy.—When the digestive organs are in a healthy state, M. Poyla administers the remedy in the following manner: R. Anthrakokali, 10 centigram; powdered liquorice root, 25 do. Three or four of the powders, for a dose, during the day.

The most ordinary effect of the medicine is to produce some heat of skin, with acceleration of pulse, which is followed by general perspiration. Most patients are thus affected on the fourth or fifth day; others as late as the fifteenth. When the nocturnal sweats appear the patches of cutaneous disease become more red, and secrete an increased quantity of matter. These symptoms, however, soon go off, and the original malady begins to improve; but it is commonly necessary to carry the medicine suffi-

ciently far to produce a true febrile re-action. This latter is often moderate, but occasionally very violent, when the medicine must be suspended.

M. Poyla recites a great number of cases as evidence of the efficacy of this remedy in darts affections, scrofula, and other rebellious cutaneous diseases.—*French Gazette*.

Method of Making Gelatinous Capsules.—The following method is given by M. Desfontenelles, in a recent No. of the "Journal de Chimie :"

Take the swimming-bag of a tench, or any fish about five to seven inches in length; fix the bag to the end of a copper tube by means of a ligature, and cover the ligature with another tube, which contains at its middle part a small valve; below the latter is a small opening, closed by a key. On blowing through the extremity of the tube the bladder is inflated, and the air retained by the valve; a solution of gelatine is then prepared after M. Garot's formula ("Journal de Chimie," March, 1838). The bladder is greased with some lard, and then dipped in the gelatine; on being withdrawn, the tube is rolled by the fingers, in order to diffuse the gelatine equally over the bladder, and the mass is allowed to cool. When the gelatine is quite cold the capsule is separated, the little key turned, and the air allowed to escape; the mould is then easily withdrawn, as the grease prevents it from sticking to the gelatine. With seven or eight such moulds a great number of capsules may be prepared, particularly in cold weather.

Mortality in England.—Everything conspires to show that there is a gradual diminution of mortality all over England. The value of human life is slowly but steadily on the increase. Not that there is any material change in the number of years allotted for man to live; for the human frame remains much the same as in the days of the Psalmist; but the average duration of life, or the number of years a child at birth may be expected to live, is on the increase. This principle is strikingly illustrated in the Tables of Mortality. Thus, in 1740 there died in London 30,811, while in 1832, which was the cholera year, there died in the same districts, 25,606; and this too with an increase of population. The mortality in the middle of the last century, however, was very large, and is attributable to the great consumption of spirituous liquors, alike ruinous to the health and morals of the people. The new Tables afford the most faithful declaration of the number of deaths. In 1837, in the second half of the year, there were 24,959, making a yearly total, in round numbers, of 50,000. In 1838, the deaths were 52,698. Estimating the population at 1,850,000, this is 1 in 36 of the whole population, or 28 per 1000. This was a weekly average of 1013, 144 per day, 6 per hour, 1 every 10 minutes. So that if the great bell of St. Paul's was to toll ten minutes for each individual that dies, it would not cease tolling from the 1st of January to the 31st December.—*Dr. Gregory*.

Treatment of Syphilis.—M. Ricord has recently made some observations on the treatment of syphilis, in a French Journal, of which the following is the substance :—

M. Ricord divides the progress of syphilis into three stages or phases. In the first, the action of the virus is completely local; in the second stage,

the accidents are confined to the skin, or mucous membranes, and are characterized by the fact that the morbid products are incapable of producing the original disease, on inoculation. The symptoms of the third stage rarely occur before the seventh month, and are incapable of being transmitted by hereditary disposition: this is their characteristic mark.

M. Ricord considers the mercurial treatment to be more frequently injurious than useful in the first stage. On the contrary, mercury is absolutely necessary in the second stage.

Where the tertiary symptoms alone exist, M. Ricord has, generally, recourse to the ioduret of potassium. He begins with doses of ten grains in the following manner: R. Distilled water, 3 3; ioduret of potassium, 10 grs.; syrup of poppies, 1 3. This potion is taken in three doses, during the day, with sarsaparilla, the quantity of the ioduret gradually increased every five days, until the patient takes 100 grains a day.

Whenever secondary symptoms coexist with the tertiary, M. Ricord administers the proto-ioduret of mercury in the dose of a grain, gradually increased to six grains.—*L'Experience*.

New Treatment of Cancer.—M. Jobert has endeavored to check the progress of this terrible malady, by tying all the vessels and dividing all the nerves which are distributed to the affected part. His efforts, however, have not been crowned with success.

In four cases of cancer of the lip M. Jobert tied the facial and coronary vessels, and divided the branches of the fifth nerve, which pass to the lip. The ligature of the vessels caused some improvement in the appearance of the ulcers, and on dividing the nerves the pain was removed; but in all cases he was compelled to extirpate the disease at last.—*Ibid*.

Medical Miscellany.—Fifty-four senior, and twenty-six junior students are in attendance on the lectures at the Vermont Medical College. The catalogue is neatly printed, and contains all the necessary information about the institution.—Dr. McLeod, of Montgomery, Alabama, recently shot Mons. Adrien, the magician.—Dr. Holmes, who was liberated from Burlington jail a few months ago, and who is accused of an atrocious murder, is now at large in Vermont.—The American Medical Library says that the Medical Convention which was to be held in Philadelphia, "turned out to be an abortion." Not even the mover of the resolution in the N. Y. State Med. Society, was present.—Part VI. of the English edition of Copland's Dictionary extends to the article INSANITY. The remarks on this disease occupy over 60 pages, and are not finished in this Part. Correspondents in the English medical periodicals complain most bitterly of the deception practised in the publication of this work. Whatever blame may exist with regard to the American edition, it is certain that no punctuality, on this side the water, would have supplied the work to subscribers here.

TO CORRESPONDENTS.—Our friends must have patience. The Prize Dissertation, on account of being sent by piecemeal, turns out to be more than twice as long as we thought it was when last week's notice was written. In addition to unpublished favors already noticed, we have received—Dr. Brown on Vaccination, Dr. Salisbury on Soot Ointment, Dr. Torrey on Uterine Hemorrhage, and Dr. Flint's case of Insanity.

DIED,—At Waterbury, Conn., Dr. Frederick Seaver, 80.

Number of deaths in Boston for the week ending May 30, 31.—Males, 13—females, 18.—Stillborn, 2.

Of consumption, 5—scarlet fever, 1—debility, 1—old age, 1—drowned, 4—tumor, 1—dropsy on the brain, 1—smallpox, 1—typhous fever, 1—hooping cough, 3—marasmus, 1—inflammation of the bowels, 1—burn, 1—convulsions, 1—disease of the heart, 2—fits, 1—dropsy, 1—inflammation of the lungs, 1—lung fever, 1—intemperance, 1.

THE subscriber, wishing to relinquish his business, as a practising physician, offers his stand (which he has occupied for thirty-five years) for sale, situated in the centre of Auburn. Physicians will do well to give an early call.

Auburn, Mass., May 25, 1840.

June 2—31*

DANIEL GREEN.

A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if by letter, post paid.

June 2—empt

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - -	DR. SMITH.
Surgery, by	- - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. G. WILEY, or to either of the subscribers. H. I. BOWDITCH, J. V. C. SMITH.

Jan. 29—epimeoptf

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

IN offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents,

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—“I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle's opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—“Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to any thing we have.”

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—ly

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII.

WEDNESDAY, JUNE 10, 1840.

No. 18.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. VI.—BY DAVID KING, M.D., NEWPORT.

[Communicated for the Boston Medical and Surgical Journal.]

Erysipelas, its Causes and Treatment.

ERYSIPELAS derives its name from one of its local characters; either from the redness of the skin, or from its disposition to spread over the cutaneous surface. By some writers, the origin of the term is referred to the Greek words, *ερωθρος* and *πελας*; by others to *ερωα* and *πελας*. The opinions of medical authors have varied with regard to the precise signification of the term, and the forms of inflammation it should represent. The highest modern authorities, however, almost uniformly agree in appropriating the term erysipelas to a particular modification of inflammation of the skin, or of the skin and cellular tissue, accompanied by a peculiar form of constitutional disturbance. Erysipelatous inflammation of the skin, or of the skin and subjacent adipose and cellular tissue, is characterized by redness of the skin, tumefaction of the subcutaneous cellular tissue, a burning, stinging or tensive pain, and a tendency to spread to adjoining parts. The local disease uniformly bears a strict relation to a peculiar constitutional disorder, and, in our view, is symptomatic of the constitutional affection. An aggravation of the constitutional disturbance, however, may frequently be traced to the severity of the local inflammation, or to the structure and relations of the part where it fixes its seat.

We shall consider the disease under the three forms of *Simple, Phlegmonous, and Oedematous Erysipelas*.

I. *Simple Erysipelas*—*E. Simplex*.—Simple erysipelas, like the other forms of the disease, when it does not arise from the direct impression of agents on the skin, is preceded by febrile disturbance, disorder of the digestive organs, of the nervous and circulating systems, pain in the epigastrium, or nausea, foul and dry tongue, full or hard and frequent pulse, and prostration of the animal powers. On the second or third day of the constitutional excitement, the local disease manifests itself upon the skin. The inflammation is confined to some irregularly circumscribed portion of the skin; generally of the face, which is red, smooth and shining. There is usually slight tumefaction; the degree, however, depending on the severity of the local inflammation. The color of the skin varies from a bright scarlet to a deep livid tinge. The

pain is peculiar; it is prickling, smarting or pungent, and often accompanied with a sensation of a dry and burning heat, extending over the whole inflamed surface. These local phenomena begin to diminish on the third or fourth day from the manifestation of the disease upon the skin, when vesicles appear on the surface. The fluid discharged by these vesicles is formed into thin, yellow crusts, which afterwards change their color to black or brown. The disease generally terminates about the tenth day, by resolution, or with desquamation of the cuticle, and detachment of the crusts formed by the vesicles.

Simple erysipelas sometimes assumes an erratic form, suddenly disappearing in one part of the skin, to appear in another; or successively travelling over the whole surface of the body.* A sudden resolution of this disease, on the skin, is sometimes followed by a metastasis of the inflammation to some internal organ, as the gastro-pulmonary mucous membrane, or to the brain and its membranes.

II. *Phlegmonous Erysipelas* — *E. Phlegmonosum*. — Phlegmonous erysipelas involves the skin, the subcutaneous cellular tissue and adipose membrane; and, in its highest grades, the inflammation is extended to the inter-muscular and sub-aponeurotic cellular substance, and even to the fasciæ and fibrous tissues. It most commonly terminates in suppuration or sloughing, and extensive disorganization of the cellular and adipose tissue. The local and general phenomena are of a higher grade than in simple erysipelas. The local disease is preceded by rigors, and severe constitutional disturbance, with the exception of some few cases, arising from injuries, in which the local disorder seems to precede the occurrence of constitutional excitement. In phlegmonous erysipelas of the limbs, there is severe tensive or burning pain, with great tumefaction.† The inflamed surface is of a deep red; the redness disappearing on pressure, and returning, more or less rapidly, according to the degree of inflammation.

When phlegmonous erysipelas terminates in resolution, the symptoms abate from the fourth to the sixth day, and vesication and desquamation of the cuticle occur, as in simple erysipelas. The disease, however, frequently passes into the suppurative stage, about the fifth or sixth day. The pain then becomes pulsating; the patient may be affected with shivering; suppuration commences in the cellular tissue; there is diminution in the firmness of the swelling; it acquires a soft and doughy feel. The cellular tissue becomes more or less disorganized; as discharged from incisions, it has the appearance of tow soaked in purulent matter. The effusion in the cellular tissue is at first a milky serum; then purulent matter, which Dupuytren, in many instances, found as consistent as lard. This last deposition was considered by him as the prelude to sloughing of the cellular tissue. The skin suffers also with the cellular and adipose tissues, which furnish it with its nutrient vessels. It either ulcerates or sloughs. In those severe cases, in which the

* Occasionally, as pointed out by Dr. Graves, of Dublin, simple erysipelas pursues a symmetrical march, on both sides of the median line.

† Dupuytren states that he was often able to predict the occurrence of this disease by a peculiar pain in the skin, its roseate hue, the oedema of the cellular tissue, and the pitting on pressure. These symptoms occurred from twenty-four to thirty hours before rigors and febrile disturbance.

cellular tissue is deeply implicated, and extensive diffusive suppuration has occurred, the skin becomes livid and covered with phlyctenæ, and sloughs, according to the degree of disorganization of the cellular tissue, and the destruction of its nutrient arteries. The structures which compose the joints, in severe phlegmonous erysipelas of the limbs, may become implicated, and the inflammation, thus induced, may terminate in purulent effusion in the joint, or in ulceration of the articular cartilages.

In the first stage of phlegmonous erysipelas, the constitutional disturbance is severe, and often aggravated by effusion under aponeurotic expansions, or by the wide extension of the inflammation on the skin, and superficial or deep-seated cellular tissue. In the suppurative stage the constitutional affection assumes a typhoid type, and is attended with delirium, sleeplessness; great nervous irritation, diminution of the secretions, or diarrhœa. The fever, in this stage, is liable to exacerbations and remissions. It may be remarked that the constitutional disorder and the local affection are, in some instances, remarkably modified by the agency of certain causes of the disease. In some epidemic constitutions of the air, gangrene has been known to occur, as the result of the primary inflammation of phlegmonous erysipelas, without the supervention of the suppurative stage.

When the patient does not sink, from the extent of suppuration and sloughing of the cellular tissue, from the contamination of the blood by the absorption of purulent matter, from colliquative sweat and diarrhœa, from inflammation of the internal organs, or from the occurrence of phlebitis and the formation of visceral abscesses, a long and tedious process of reparation, often interrupted by the destruction of cicatrices, will in severe cases constitute the close of the disease. This work of reparation is often imperfectly performed, because beyond the powers of nature and art; especially in those cases where the ravages of the disease have extended to the inter-muscular and sub-aponeurotic cellular tissue, and rendered the adhesion of fasciæ, muscles, tendons and bones; essential to the cure. The seat of phlegmonous erysipelas is most frequent in the limbs, but may occur in the face, scalp and neck.

III. *Œdematous Erysipelas*—*E. Œdematodes*.—The chief peculiarity of œdematous erysipelas is the character of the swelling, which pits on pressure, as in anasarca of the limbs. The skin is smooth and shining. Redness, pain and heat exist in a moderate degree. The tumefaction increases slowly, from the effusion of serum and purulent matter. If the disease continues to advance, a shining redness appears on the surface of the swollen limb, and the patient is affected with severe pain in the inflamed part. A gradual cessation of this pain, and a change of the redness of the skin to a livid and leaden tinge, evince the invasion of gangrene. This form of the disease, in favorable cases, may terminate in resolution, with or without vesications. But, as it occurs most frequently in broken-down constitutions, and in patients affected with organic disease or the dropsical diathesis, gangrene is its most common termination. It is especially liable to this termination when seated in dropsical limbs, in the genital organs of women, and the prepuce and scrotum of men.

The anatomical dispositions and relations of the cellular tissue and adipose membrane, varying in different portions of the body, give rise to important modifications of erysipelas, with respect to its seat.

Erysipelas of the scalp generally assumes the phlegmonous form. When originating from a wound in the head, it commences from the fifth to the twelfth day after the occurrence of the injury. It is marked by great tumefaction of the scalp, at first œdematous; afterwards tense, and exceedingly painful to the touch or on pressure. If unsubdued, it rapidly terminates in suppuration and sloughing of the cellular tissue, and of portions of the occipito-frontal aponeurosis. A detachment of the pericranium, and necrosis of the bones of the cranium, may likewise occur. Notwithstanding the extensive destruction of the cellular tissue of the scalp, the skin often escapes, because its nutritive vessels are distributed, in the form of large trunks, immediately under its surface, and without intimate connections with the sub-epicranial tissue. In severe cases, the brain is implicated, and the patient often passes from delirium into fatal coma.

Erysipelas of the face is accompanied by great tumefaction. The distribution of cellular tissue is such as to permit the eyelids, lips, cheeks, &c., to be swelled out, as Willan remarks, like a bladder distended with water. It generally terminates in resolution, or by vesication. Purulent matter, however, is sometimes effused in the cellular tissue of the eyelids, or of the parotid or sub-maxillary glands. The contiguity of the disease to the brain renders that organ liable to be involved in inflammation, either simultaneous or metastatic.

Erysipelas of the throat, larynx and neck, arises generally from the influence of an epidemic state of the air. It usually commences in the fauces and pharynx, and extends through the nostrils and mouth to the face and scalp. It sometimes passes from the throat to the larynx, and to the cellular tissue of the neck, causing excessive pressure upon the bloodvessels and other important parts, and terminating, if not relieved by free incisions, in death from suffocation, or congestion in the brain and lungs. This form of erysipelas, commencing in the throat, and passing through the nostrils and mouth to the skin, has been noticed in protracted cases of malignant fever in hospitals. The patient often sinks into delirium and diarrhœa.

Erysipelas of the mammæ, in women, occurs sometimes in the phlegmonous form, a few days after delivery.

Erysipelas, in the phlegmonous form, is sometimes combined with inflammation of the absorbents. This complication is most frequent in adult males, especially sailors and soldiers. The inflammation commences in the absorbents, around irritable ulcers of the inferior extremities, or from a cicatrized surface, and spreads, till it involves the whole chain of lymphatics, together with the cutaneous and cellular textures of the limb. Its progress and terminations are already illustrated in the description of phlegmonous erysipelas of the extremities.

Erysipelas is often complicated with phlebitis. Spontaneous erysipelas has sometimes given rise to inflammation of the veins. The co-existence of erysipelas and phlebitis, however, can very generally be

traced to wounds, or exposure of the veins from injuries or surgical operations. The early stage of this complication is characterized by the symptoms of acute phlegmonous erysipelas. The subsequent stage is marked by excessive prostration. The typhoid symptoms result from the occurrence of diffuse suppuration in the wounded or exposed veins, from the consequent circulation of purulent matter in the capillary venous system, and from the formation of abscesses in the various inflamed points of that system.

Erysipelas sometimes presents an intermittent character. In this form it is generally associated with neuralgia.

Erysipelas of infants is mostly confined to the period of the first few weeks after birth. In this period it seems to be connected with umbilical irritation. It commences at the umbilicus, the genital organs, or in the hypogastric region, and spreads over the abdomen, or along the thighs. The peritoneum and umbilical vein are often inflamed. Gangrene is a common termination of erysipelas infantum, affecting the genital organs, and prevailing under the influence of the impure air of lying-in and foundling hospitals. At a later period of life, the head and extremities are its most frequent seats. A fatal form, commencing in the genital organs, however, has sometimes attacked children from three to six years of age, whose constitutions have been impaired by the influence of impure air and an unwholesome diet. Erysipelas infantum may terminate in resolution, vesication, suppuration or gangrene.

Causes.—In enumerating the causes of erysipelas, it is not possible to draw, with exactness, the line of demarcation between the predisposing and exciting causes. Hence, without regard to method, we may sometimes combine them under the same head. Among the predisposing causes we may mark hereditary predisposition; acquired predisposition, from previous attacks; stimulating and nutritious diet, unaccompanied by sufficient exercise; plethora; vitiated state of the system produced by the excessive use of fermented liquors, even when combined with severe labor; neglect of periodical bloodletting; and a bilious temperament. General derangement of the secretory apparatus is another powerful cause. The suppression of the hæmorrhoidal discharge, and other accustomed secretions, will often give rise to the disease. In some instances of amenorrhœa, erysipelas has occurred at regular intervals of a month. A peculiar irritability of the cutaneous capillaries, and of those of the digestive mucous membrane, may also predispose to the disease.

Chemical and mechanical irritants, applied to the cutaneous and cellular textures, are capable of producing erysipelas, when aided by an essentially bad habit of body, by gastric disturbance, or by an irritable and impaired constitution. Of this class we may consider wounds, contused, punctured, incised and lacerated, especially of the membranous expansions and of the superficial bursæ; compound fractures; surgical operations, performed in unhealthy constitutions, and without just preparatory and subsequent treatment; the application of improper compression and irritating ointments, to wounds, ulcers, and other local diseases; useless incisions in the scalp, for the purpose of removing ex-

travasated blood; abscesses forming under aponeuroses; the action of the sun and of fire; the contact of certain vegetable and animal poisons; want of cleanliness; friction of rough clothing, with fatigue, as in forced marches in the case of soldiers; inoculation of putrid animal substances and poisonous animal secretions; punctures and venesection; a cold, damp blast of air, acting upon a solution of continuity, upon an irritable ulcer, or upon the whole surface of the body in a state of perspiration. Sudden emotions of the mind, and the ingestion of particular articles of diet, will sometimes excite an immediate development of the disease.

Erysipelas is of most frequent occurrence in spring and autumn. In some constitutions it is constantly developed at these seasons. It sometimes prevails as an epidemic. Cold, damp winds from the east have been generally observed during the epidemic constitution of the atmosphere. It has most frequently presented itself under the epidemic or endemic forms, within the precincts of hospitals, where the influence of the epidemic state of the atmosphere is aided by exhaustion from previous disease, and by the depressing effect of the air, contaminated by animal exhalations, particularly from suppurating surfaces. In hospitals it was formerly very prevalent, especially in patients affected with ulcers, or wounds from injuries or surgical operations. At the present day, a vast diminution of such cases has been produced, by a more severe attention to the pursuit of the antiphlogistic regimen, to the application of appropriate surgical dressings, and to the maintenance of cleanliness and due ventilation of the wards.

Erysipelas has seemed, under certain circumstances, to be infectious, especially in crowded, filthy, and badly-ventilated habitations. The occasionally contagious nature of erysipelas is sustained by the opinions of Pitcairn, Wells, Parr, Baillie, Sir Astley Cooper, Dickson, Weatherhead, Stevenson, Arnott, Gibson, Bury, Bright, Copland and Lawrence. It must, however, be conceded to the advocates of the opposite opinion, that the observations confirmatory of the contagious nature of erysipelas, have been mostly drawn from cases in which the patients had been exposed to the same general causes of the disease.

From a review of the various causes, it is evident that sometimes a concurrence of many is essential to the production of the disease, and, at other times, in a constitution of a peculiar diathesis, the most trivial local excitant will give origin to it.

The essential nature of erysipelas is not to be explained in the present state of medical science. It is to be found in a peculiar form of vascular action, or in a peculiar change in the vital affinities of the capillaries and their contents, which conditions are, as yet, unknown to us. It may be proper, however, to note a few important points in its pathology.

Erysipelas presents the local phenomena of inflammation in the textures affected, the skin and cellular tissue. The irritation of the capillaries is peculiar. It deprives them of the power of secreting coagulable lymph. Hence the diffusive character of the inflammation. The local inflammation is accompanied by a general vascular and nervous disturbance, and terminates in resolution, vesication, suppuration, and sloughing or gangrene. The nervous system is remarkably affected in this

form of inflammation. In all cases, there is a loss of balance between the nervous and vascular systems. Mr. Travers has offered an explanation of the affection of the nervous centres, by adverting to the fact of the sympathies of the skin being more direct and powerful with the brain, than with the heart. Hence, perhaps, one reason why, in this disease, vascular action predominates over the degree of vital energy.

M. Ribes has fixed the seat of this disease in the venous capillaries. Cruvelhier, in his researches on phlebitis, maintains the same doctrine. Rayer asserts phlebitis to be merely a complication of erysipelas, especially of that form which invades the cellular texture. We are inclined to believe that somewhat of the pathology of this disease may be explained by a reference to the affection of the venous system. Erysipelas and phlebitis have been known to prevail under the same epidemic constitution of the air. In post-mortem examinations, venous congestions are commonly observed in the brain; and when visceral abscesses are formed, they can be traced to inflammation of the venous capillaries, subsequent to diffuse inflammation of large veins, or the contamination of the blood with purulent matter.

Erysipelas may derive some modification from the state of the circulating fluids. It occurs in constitutions where a deficiency of fibrin, and a retention of excrementitious matter, has been caused by the habitual and intemperate use of alcoholic liquors. It is, perhaps, most frequent in plethoric constitutions, where a redundancy of fibrin, coloring matter and albumen, has resulted from the free use of animal food, fermented liquors, and over-repletion. The states of the blood manifestly vary in different cases of this disease. It remains for chemistry to furnish analyses of the blood, sufficiently exact to illustrate the conditions in which they differ, and those in which they agree. Though our knowledge of the morbid conditions of the blood, in erysipelatous inflammation, is neither precise nor complete, yet in individual cases it may be sufficient to afford satisfactory grounds for the use of many appropriate remedies.

Disorder of the digestive organs is a prominent and constant element in the pathology of erysipelas. This derangement of the functions of the alimentary canal is connected with an imperfect performance of the secretory functions, especially of the liver. This is essentially the most practical point in the pathology of the disease, and constitutes the basis of important therapeutical indications.

The local disease is, then, a manifestation of an internal morbid state. It never occurs in a healthy constitution. Its course is regulated by the peculiar morbid habit of the system. In all stages of the disease, therapeutic measures must have reference to the existing morbid diathesis. It is not inflammation, as some authors advance, merely modified by the texture invaded—the structure of the skin and cellular tissue. Some portion of the disturbance of the economy may be explained by the reaction of the local disease upon the constitution. But it is plain that the whole mystery of its pathology is not to be explained by the word inflammation, modified by the anatomical characters, the vital properties and physiological relations of the tissues affected. It differs from phlegmonous inflammation, in regard to the power of effusing coagulable

lymph; in its diffusive character; in its intimate connection with an unhealthy constitution; in the peculiar irritability or impaired energy of the nervous system; in the predominance of vascular action over the degree of vital power; in the tendency to metastasis to internal organs; and in its sudden transitions, with respect to vascular excitement and nervous energy.

Erysipelas, though essentially depending for its origin on a peculiar morbid diathesis, is greatly modified by constitution, habits, existing complications of functional or organic disorder, the stage of the disease, its particular seat, and sometimes its peculiar cause. The diagnosis of the disease is readily formed by an attention to its peculiar symptoms.

Prognosis.—The prognosis of erysipelas will be determined by a consideration of the age and constitution of the patient, the form of the disease, its particular seat, and the existing complications. In infancy and old age, the enfeebled energies of the system render its result doubtful. It is almost always fatal when, in such patients, it attacks the genital organs. It is fatal when it invades the cellular tissue of the throat and neck, under the influence of an epidemic state of the air. Simple erysipelas, in the youthful and robust, or arising from slight disorder of the biliary function, proceeds to a safe termination. Phlegmonous erysipelas, when it advances to the suppurative stage, is always a serious and often a fatal disease. Œdematous erysipelas, occurring in broken-down constitutions, is generally fatal. Metastasis of erysipelas, to the brain or to an internal organ, previously affected with chronic disease, is most often fatal. Erratic erysipelas generally proves of fatal augury, from the fact of its frequent connection with internal organic disease, and its great liability to metastasis. The complications of erysipelas with pharyngeal inflammation, with phlebitis, and with adynamic fevers, are almost uniformly fatal. Erysipelas has seemed, in some instances, to be a salutary effort of nature to remove certain diseases, as asthma, gout, peripneumonia, colic, rheumatism, and chronic affections of the skin.

[To be continued.]

MALACOSTEON.

[A brief report of this extraordinary case has already appeared in the Journal; but as the following comprises some particulars not embraced in the former, we give it an insertion.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I herewith send you a hasty sketch of the case of *mollities ossium*, which occurred in the neighboring town of Cornish. The history of the case is taken from the note-book of a very intelligent sister of the deceased. The post-mortem examination was made the day after death, by Drs. Blanchard, Bartlett and myself.

These notes were sketched a short time after the examination, with an intent to make a new and more perfect report of the case when I had leisure, but circumstances beyond my control have rendered it impossible for me to do as I wished. I therefore send you the imperfect

notes as first taken, which you can make such disposal of as you see fit. I regret that I have not had time to examine the chemical composition of the bones, as I intended. From post-mortem appearances, however, there can be no doubt that the stomach—Nature's great laboratory—was the organ primarily affected; and that in consequence, there was a want of due proportion between the animal matter and earthy phosphates which so nicely combine to form bone. Yours, &c.

Claremont, N. H., May 16, 1840.

A. G. SKINNER.

Lucy W. Harrington died at the age of 43. Feeble constitution from childhood. At the age of 8, had stooping, from some disease of neck. Stomach irritable, and much headache till the age of 16; at that time headache less. Stomach more irritable, extremely acid; pain in stomach on taking food. Vomited from slight causes, as leaving a bit of thread on the tongue while threading a needle, or seeing others place a pin in their mouths, &c. During life subject to occasional pain in bones. In 1820 tumor appeared on the right arm, attended with enlarged glands of axilla. Succeeding this was a tumor on left breast, which disappeared after an accidental blow upon the part. A scirrhus tumor soon after made its appearance on the right breast, involving the whole gland. Pain in back of neck and bones generally increasing. In Dec., 1836, a *cancer doctor* made an application, which produced a sloughing of the entire breast, and an extensive ulcer during the remainder of life. In Feb. following severe pain and spasm of muscles about the right hip.

May, 1837.—Spontaneous and permanent dislocation of right hip. Pain and spasm in left hip. Agonizing pain in all the bones. Stiffness of neck. Neck much bent forward. Urine at times greatly increased, and depositing an abundance of greyish sediment.

June, 1838.—Right collar bone broken by an attempt to remove her from her chair to the bed; next the thigh-bone broken, by the spasmodic contraction of the muscles as she was attempting to move the limb by supporting the weight with her own hands. Contraction of muscles sufficient to draw the limb quite in contact with the chest. Head so much drawn forward that the forehead and knee were in contact. In this situation had a severe attack of pneumonia.

The whole number of fractures, exclusive of ribs, was 19, including the lower jaw, which was fractured once several months before death. Preceding the fracture, excruciating pain was experienced in the part of bone about to break. There was a double curvature of the spine, which, together with the contractions of the limbs as they broke and bent in almost every direction, reduced her length at one time to 28 inches. She was of common stature before the attack of disease. Altogether her appearance was indicative of intense and constant suffering. Some of the fingers remained of the usual length, but others were shortened near half their length by interstitial absorption. The hand was distorted by the same cause. At death, which took place Nov. 29, 1839, she measured 36 inches.

Post-mortem appearances.—Mucous membrane of stomach exhibited indubitable evidences of chronic inflammation. Granulations along the

large curvature, and near the pylorus, covering a large portion of the inner surface. Some thickening and induration of pylorus. No appearance of recent ulceration. Liver nearly natural in size, but covered with scirrhus tubercles, which occupied near a third of its whole surface. These tubercles were of a whitish appearance, from one line to an inch in diameter, and when cut into appeared of the consistence of soft cartilage. On passing the knife over the cut surface, a semi-fluid substance would collect on the edge, of the color and consistence of cream. Gall-bladder much contracted and entirely empty; only a very little orange-colored bile could be scraped from its inner surface. The right kidney was healthy; the left was filled with calculi, from the diameter of two lines to minute gravel or sand—white and jagged in appearance. Ovaries both scirrhus, somewhat enlarged, and resembling in appearance the tubercles of the liver.

In opening the thorax the sternum was divided readily throughout its whole length with a scalpel. The ribs much diminished in size by absorption—several of them broken—all very brittle and easily broken, in their natural position, by the fingers. A portion of four ribs lying beneath the ulcer on the breast was entirely absorbed. Right cavity of thorax much diminished—lung adhered to the parietes entirely; some portion hepatized; the remainder infiltrated with dark-red serum. No portion was pervious to air. Left portion of thorax less contracted. A small quantity of serum in pleural cavity. Pericardium contained three times the usual amount of serum. Lower lobe of lung filled with serum; upper lobe nearly healthy, and was the only portion by which respiration was performed.

All the bones examined were readily divided with a scalpel. So great was the disorganization, that whatever remained of earthy matter offered but slight resistance to the knife. A fragment of bone was easily broken down, and had then much the appearance of sand mixed with mucus.

In the first cases of fracture there was evidently an effort of nature for reunion—the substance thrown out bearing some resemblance to ligament, but soft, possessing little strength, and furnishing, on passing the edge of the knife over it, the same whitish fluid as was found in the tubercles of the liver. In the more recent fractures, no attempt had been made at reunion.

MORE FACTS IN RELATION TO VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I submit the following statement of such facts as have recently come under my observation, hoping that they may prove useful in convincing the skeptical of the efficacy of kinepox as a substitute for smallpox. Many reports have been in circulation among the people, in this vicinity, detrimental to the expansion of cowpox, which have caused a delay of vaccination till the smallpox has broken out in some of their families. One is, that it will serve only a temporary purpose; and unless

re-vaccinated, a person is as liable to have the smallpox after vaccination as before. Another is, that it only answers a partial purpose, and will not wholly insure a person against variola or varioloid, and therefore he may through life live under continued apprehensions and fears of the contagion of those varieties of the same disease.

It is not my object to give a detailed account of the treatment of my patients, but merely to show that the cowpox has been an effectual antidote to smallpox in the several instances to be described.

About the first of February last, the smallpox made its appearance in four different families, in one of our school districts; the subjects were four scholars; the first a lad about 18 years old, the second a girl about 12, the third a girl of 9, the fourth a boy about 8. Neither of them had ever been vaccinated. The family to which the first belonged consisted of four members, all adults, besides the patient, two of whom had been vaccinated and two had not. They were all vaccinated as soon as the eruption gave satisfactory evidence that the patient had the smallpox. It proved a severe case; the face was so swollen that the patient's eyes were closed for several days. The eruption appeared on the 4th day of Feb. and run through its course without a secondary fever, and he speedily recovered his health. Now it is the 4th day of May, and neither of the vaccinated persons has suffered any sickness, except what follows vaccination.

The second broke out on the 5th day of Feb., and was a similar case to the first, till the 13th, when the secondary fever took place, accompanied with cough and inflammation in the lungs, which continued till the last of the month before her fever manifested any abatement, and her friends despaired of her recovery. She is now restored to health, May 4th. This girl lived in the house with her grandmother, uncle, aunt, and a large family of cousins. The uncle, aunt, and several of the cousins had never been vaccinated till two days after the eruption appeared upon the patient, when the whole family were vaccinated, and have suffered no inconvenience, except from vaccination, to the present time, May 25th.

The eruption upon the third patient appeared on the 5th Feb., was of the distinct kind, and run a regular course. The secondary fever was slight, and the patient recovered without any distressing symptoms. The parents of this child had been vaccinated nearly 30 years, and part of the children about three years. The remainder I vaccinated two days after the eruption appeared upon the patient. The youngest, a child about two years old, kept with its mother, who had the care of the patient, night and day. About the 11th day after vaccination, the child had a sore arm and other symptoms accompanying cowpox, and appeared more feverish than the other children vaccinated at the same time. On the 14th day from the eruption of smallpox on the other patient, the infant broke out with varioloid, which passed off in a very mild manner, and was the only case of varioloid which occurred among the numerous members of the above-stated families. Is it not probable that this child had received the contagion previous to vaccination?

The fourth patient broke out on the 7th of Feb. His disorder run

a regular course, and terminated favorably. The family consisted of four adult persons and one infant. The mother of the patient and the infant had not been vaccinated previously to the sickness of the patient, but they were soon afterwards, and the other members were re-vaccinated at the same time. Now it is the 25th of May, and none of them have suffered any sickness, except what is consequent to kinexox.

I was called to a child the 8th of April, in a neighboring town, about six months old, with an eruption which proved to be the smallpox of the distinct kind, and which run a favorable course. The parents of the child and other children of the family had been vaccinated. The mother nursed the child to the close of the disorder, and none of them suffered any inconvenience from contagion.

I think, in the above stated cases, the evidence adduced must convince the doubting part of the community, and amply testify to the efficacy of cowpox as a substitute for smallpox. The people in this vicinity have dismissed their doubts which formerly existed, and have full confidence in the virtues of vaccination.

SILAS BROWN.

Wilmington, May 25, 1840.

SOOT OINTMENT IN SCALDS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—One of your correspondents, in a late No. of the Journal, refers to a case related in a recent New York paper, of extensive scalding which was cured by the use of soot ointment. This application to burns is not entirely new to the profession, although it may not be mentioned as one of the medical uses of soot in any treatise upon medicinal remedies. Several years since, whilst in the service of the Massachusetts Hospital, I employed the soot ointment in a number of cases of severe scalds and burns, by the direction of the visiting surgeon. Upon referring to my notes, I do not find any evidence that it had a peculiar good effect upon the cases in which it was used, most of which were of a very severe character, and one of which afterwards terminated fatally. It was used as the sole application in some cases; in others, only a portion of an extensive granulating surface was dressed with this ointment, whilst the remainder was dressed with some other application, that its effects might be better appreciated. The conclusion which we came to, after a trial of it during six weeks or two months, was, that it did not promote the healing of the burn so rapidly as the creosote ointment, for which it was thought it might be a substitute; and that as compared to some other applications commonly used in injuries of this character, it possessed no superiority. I mentioned above, that the cases upon which the soot ointment was tried were of a very severe character; it should also be remarked that they were, with not more than one exception, cases which had already been a considerable time under treatment when this application was commenced.

S. SALISBURY.

Boston, May 22d, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 10, 1840.

DR. GREEN'S ADDRESS.

By the request of the medical class of the Vermont Academy of Medicine, Horace Green, M.D., president of the institution, and professor of Theory and Practice of Medicine, permitted the manuscript of his introductory discourse to be published. It belongs to that fine series of opening lectures which were so excellent the past year, as to be considered the commencement of a new era in medical literature in this country. It is characterized by a historical relation, extending through centuries of the past; and it also points to the future, showing what is honorable, and what must be achieved by those who take upon themselves, voluntarily, the vast responsibilities of professional life. The author's narrative of the improvements in medicine is worth preservation, being *multum in parvo*, and yet sufficiently elaborate for the occasion. One of the strongest expressions in the pamphlet is the following, which is too important to be lost sight of at any period of professional life.

"Many other improvements have been made, both in physiology and pathology, whereby our knowledge of the nature and cause of disease, and of the remedies best appropriated to its removal, has been greatly enlarged. So important, indeed, have been these additions to our stock of knowledge, and so great the improvements in medical science, during the last twenty years, that we hesitate not to declare that the physician who was educated anterior to this period, and has not, by studious efforts, kept pace with medical science, is unfit to discharge the duties of his profession. The number, however, says a late medical writer (Johnson), of those who set their faces against improvements, too indolent to read, too obstinate to learn, is rapidly decreasing; and we trust that the day is not distant when better-informed men will rise, like Banquo's ghost before the usurper, and 'push them from their stools.'"

When Dr. Green received an appointment at Castleton, it was generally remarked that the school had made a fortunate selection. The lecture to which these remarks refer, is good evidence of the discreetness of the trustees in the election, and may he long live to teach the principles he has here inculcated.

Syllabus of Dr. Coates's Lectures on Physiology.—A few years ago it was considered quite impossible to present the principles of physiology to a mixed audience, with any degree of success, walled in, as its curious facts were considered to be, by a hedge of unintelligible technicalities. But a revolution has happily taken place in the public mind in this respect, and a constant demand is made upon men possessing the right qualifications, to explain the great laws of organic existence. It is an exalted pursuit to study the animal economy, under the scientific teachings of such a man as Dr. Reynell Coates, of Philadelphia. The scheme of his operations embraces a vast domain: he considers the mind and body also. Twelve lectures constitute a course—and from a close examination of the

several topics classified under each, it seems that nothing has escaped him.

"The principal objects of this course of lectures are," says Dr. Coates, "to diffuse as widely as possible, throughout the community, a knowledge of certain general principles connected with the development of the animal frame, with the applicability of these principles to the every-day business of life—the promotion of health and happiness." Nothing could be more praiseworthy. We not only hope that he has already met with good success in this laudable undertaking, but feel solicitous that knowledge from a source so elevated, should be appreciated wherever it is convenient to instruct the people.

Dr. Gross.—It has been officially announced that Samuel D. Gross, M.D., was elected, at a late meeting of the trustees, professor of Surgery in the Louisville Medical Institute, to the chair vacated by the resignation of Dr. Flint. A personal acquaintance with Dr. Gross, together with an intimate knowledge of his writings, constrain us to say that the Louisville School has been exceedingly fortunate in securing this gentleman's services. May he never be assailed by the spirit of envy, or brow-beaten by those who suppose that talents of a high order are dangerous to the weal of those less gifted. Through the pages of his great work on Pathological Anatomy, now circulating through the land, those who are curious to know the claims of Dr. Gross to the confidence of those who control the destiny of the Louisville Institute, will find ample evidence of his fitness for the station to which he has been unanimously called.

It is probable that Dr. Flint will remain at Louisville as a private practitioner of surgery. Some of his operations have been of a character to extend his reputation widely beyond the precincts of the college.

Maryland Medical and Surgical Journal.—Another number of this Journal has just been received. As a specimen of typography, simply, it is quite equal to any periodical extant. A degree of care is also manifested in constructing the pages, highly creditable to the editors, who, it is very certain, have a just conception of the duty devolving upon them. Diabetes mellitus, by Dr. McDowell, and the Report of Surgical Cases in the Baltimore Infirmary, will be read and hereafter referred to by practitioners, with satisfaction. The paper drawn up by Mr. Stewart, a chemist, under the title of "Observations on the preparation of Hydrocyanic Acid," &c. is one of peculiar value. The review of Dr. Shattuck's translation of Louis on Yellow Fever will gratify the friends of the author and translator. These remarks are made hastily, as first impressions, after passing rapidly through the Journal. Our northern professional brethren are reminded that subscriptions will be received, with pleasure, at this office, and transmitted to Maryland.

Artificial Limbs.—Mr. Henry Packer, of Ashford, Conn., constructs cork limbs most admirably, on a plan wholly his own, which for beauty of workmanship, lightness, symmetry—and the essential thing, durability—are unsurpassed in any country. Physicians can give him, by letter, such exact measure of the limb to be matched, that it would be always worth while to consult the manufacturer in this manner, before making an express journey any considerable distance.

Medical Miscellany.—Dr. Jabez Ward, of Perry Centre, N. Y., is satisfied, by long observation, that females who are in the habit of smoking tobacco, by no means an uncommon practice in some parts of the United States, particularly amongst the Dutch farmers, have more protracted labors than those who are unaccustomed to the habit.—Dr. Turnbull is said to have made a wonderful discovery of a mode of curing deafness almost *instantaneus*. The age of miracles is past, and this reputed discovery, therefore, cannot be true.—Dr. Bell, of Charlestown, came passenger in the Unicorn, from Liverpool.—Another manufacturer of surgical instruments, a German, has established himself in Boston, who is reputed to be an excellent artist. See his advertisement.—Smallpox still prevails in many places in the interior of New England.—Several new publications on medicine are in a state of forwardness.—Dr. Parker, the professor of surgery in the College of Physicians and Surgeons in New York, has consented to continue his connection with the Berkshire Medical Institution through the next course of lectures. The faculty may be considered a strong and experienced board of instruction.—Some alterations in the quarantine regulations at the port of Quebec, are contemplated, similar to the system in the States. If a vessel is in good condition, without cases of sickness, no detention at Gross Island will be required.—In Dr. Purple's address before the Chenango County Medical Society, he says that "it is a truth that cannot be denied, that there is a growing tendency in the public mind to patronise the ignorant and uninformed as their medical advisers, at the expense of all that science has done to ameliorate the physical ills of man."—Dr. Sumner Ely is president of the Medical Society of the State of New York, and Dr. John B. Beck vice president.—Mr. Morison, the celebrated pill manufacturer, died at Paris on the 10th of May.—Drs. Warren, Hayward, Shattuck, Randall and Bigelow were last week elected consulting physicians of this city.—The Louisville Advertiser of the 25th ult., has nearly two columns and a half upon the subject of the late turmoil in the Medical Institute. The sentiment contained in the article is, that Dr. Flint has been misused, and that the seeds of another faculty explosion are now germinating.

TO CORRESPONDENTS.—To the list of articles already on file for publication, are to be added an obituary notice of the late Dr. Harris, of Connecticut, and a paper on epidemic typhous puerperarum.

MARRIED,—In this city, Woodbridge Strong, M.D., to Miss Harriet A. Torrey.—At Hudson, N. H., B. H. Tripp, M.D., of Londonderry, to Miss Abby E. Winn.

DIED,—At Canterbury, Ct. Andrew Harris, M.D., aged 53.—At New Milford, Ct., Dr. Oliver B. Platt, 28.

Number of deaths in Boston for the week ending June 6, 26.—Males, 16—females, 10.—Stillborn, 3. Of consumption, 4—lung fever, 3—intemperance, 2—smallpox, 2—old age, 1—erysipelas, 2—infantile, 3—croup, 1—delirium tremens, 1—dropsy, 1—disease of the heart, 2—inflammation of the bowels, 1—fits, 1—debility; 1—inflammation of the lungs, 1.

THE subscriber, wishing to relinquish his business, as a practising physician, offers his stand (which he has occupied for thirty-five years) for sale, situated in the centre of Auburn. Physicians will do well to give an early call.

DANIEL GREEN.

Auburn, Mass., May 25, 1840.

June 2—3t*

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. F.	P.M.	Therm. F.	Barom. F.	P.M.	Barom. F.			
1 Frid.	50	54	52	29.10	28.90	28.96	S	Rain	Showery. Peach and pear in blossom.
2 Satur.	38	58	56	29.16	29.24	29.22	W	Fair	Wild cherry in blossom.
3 Sun.	46	76	64	29.20	29.19	29.12	S W	Fair	Wild columbine and rhodora in blossom.
4 Mon.	50	46	44	28.80	28.62	28.63	N E	Rain	Cold rain.
5 Tues.	40	40	35	28.82	29.03	29.13	N	Rain	Do. Some snow.
6 Wed.	40	49	44	29.18	29.21	29.20	N	Fair	High wind—flying clouds.
7 Thur.	41	52	50	29.18	29.23	29.32	N W	Fair	High wind.
8 Frid.	42	52	52	29.40	29.50	29.48	N W	Fair	Flying clouds.
9 Satur.	40	40	40	29.40	29.24	29.23	N E	Rain	Cold storm.
10 Sun.	38	48	48	29.17	29.20	29.26	N E	Fair	Storm continues. P. M. flying clouds.
11 Mon.	40	58	55	29.28	29.32	29.37	N E	Fair	Apple trees in blossom. Flying clouds.
12 Tues.	41	65	53	29.40	29.39	29.43	S W	Fair	Sun dog. Cold night.
13 Wed.	37	68	60	29.45	29.50	29.52	N W	Fair	Ground froze 1-2 in. Flower, alm'd in blos.
14 Thur.	45	70	61	29.54	29.50	29.47	S W	Fair	Actea racemosa in blossom.
15 Frid.	49	71	58	29.38	29.24	29.26	S W	Fair	Fine showers in the afternoon.
16 Satur.	50	70	65	29.43	29.53	29.61	N W	Fair	Lilac and Tartarian honeysuckle in blos.
17 Sun.	52	80	71	29.62	29.55	29.50	S W	Fair	Iris and tulips in blossom.
18 Mon.	66	86	79	29.45	29.40	29.38	W	Fair	High wind. Piony and Geran. Mac. in blos.
19 Tues.	57	64	56	29.51	29.60	29.68	N E	Cloudy	Narcissus in blossom.
20 Wed.	50	60	58	29.56	29.48	29.43	N E	Cloudy	Horse chestnut in blossom.
21 Thur.	50	54	45	29.26	29.18	29.16	N E	Cloudy	False syringa in blos. Rainy P. M. and eve.
22 Frid.	50	58	58	29.16	29.28	29.30	N	Cloudy	Some rain. Jessamine in blossom.
23 Satur.	54	72	61	29.42	29.54	29.60	N W	Fair	Carolina allspice in blossom.
24 Sun.	48	66	60	29.73	29.83	29.81	S	Fair	Foggy morning. Snowball in blossom.
25 Mon.	47	72	60	29.88	29.82	29.84	S W	Fair	Fog in the low grounds in the morning.
26 Tues.	46	76	66	29.82	29.70	29.64	S W	Fair	Scotch rose in blossom.
27 Wed.	54	81	78	29.51	29.41	29.40	S W	Fair	Monkshood in blossom.
28 Thur.	61	85	78	29.34	29.30	29.26	N W	Fair	Showers. Potentilla tridentata in blossom.
29 Frid.	60	77	66	29.20	29.28	29.34	S	Fair	Splendid auro. borea. Brilliant belt of light
30 Satur.	50	75	67	29.35	29.38	29.34	S E	Fair	Mountain ash in bl. [from E. to W. across
31 Sun.	52	73	68	29.24	29.27	29.30	N W	Fair	[the heavens, at 9 P. M. near sun's path.

The month of May has been very favorable to vegetation. There has been much high wind, an abundance of rain, and much cloudy, dull weather. For the last week the weather has been very fine. Range of barometer has been from 28.62 to 29.88; thermometer, from 37 to 86. Grass and forest trees unusually forward.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 350 Washington St., corner of Hayward place, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN, }
GEO. HAYWARD, } Surgeons to Mass. Gen. Hospital.
S. D. TOWNSEND, }

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures in this institution will commence on the first Thursday, 6th of August, 1840, and continue thirteen weeks.

Fee for the whole course, \$50. Fee for those who have already attended two full courses, \$10. Graduation fee, \$18.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Principles and Practice of Surgery, by	WILLARD PARKER, M.D.
General and Pathological Anatomy, by	ROBERT WATTS, JR., M.D.
Chemistry, Materia Medica, and Jurisprudence, by	DAVID PALMER, M.D.
Anatomy and Physiology, by	ROBERT NELSON, M.D.

The Berkshire Medical Institution has been in operation about twenty years, and has been liberally patronized by the public. It has ever been the object of the trustees to make the advantages offered to students, by this School, correspond with the rapidly improving state of medical science.

Pittsfield, Mass., May, 1840.

June 20—1840

PARKER L. HALL, Sec'y.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 19.

DR. KING'S PRIZE DISSERTATION ON ERYSIPELAS.

[Concluded from page 284.]

Treatment.—THE treatment of this disease is to be governed more by a just consideration of the symptoms, the cause, the constitution, the previous history, and other circumstances relating to individual cases, than by theoretical notions of its pathological nature, or by definite rules founded upon speculative conclusions. Perhaps there is no disease in which it is so difficult to separate the accidental from the invariable morbid states of the organism, and to hold up to the mind's eye the idiopathic disease, distinct from the disordered functions, or structural lesions, which accidentally complicate it. In fact, the true indications of treatment are to be drawn from a survey of the varying morbid conditions, and the degree of vital energy manifested in individual cases. A consideration of the causes, symptoms, progress and terminations of erysipelas, gives rise to three indications of treatment. 1. To diminish vascular action and capillary congestion. 2. To restore the secretions to a healthy condition. 3. To support the vital energies and give tone to the organism.

1. *Simple Erysipelas—E. Simplex.*—In many cases of simple erysipelas, the disease, if left undisturbed by art, will run its course in a few days, and terminate in resolution, or by vesication, and desquamation of the cuticle. In such cases, abstinence, rest, the administration of a mild cathartic and diluents, will favor the tendency to resolution. In other cases, the accumulation of morbid secretions in the primæ viæ, producing nausea, white or yellow coat of the tongue, bitter taste in the mouth, &c., demand a more active course. It will be necessary to administer an emetic, followed by ext. colocynth and submuriæ hydrargyri as a purgative. Salines and diaphoretics, with, perhaps, a few doses of blue pill at night, will complete the cure. An emetico-cathartic, composed of tart. antimonii, pulv. ipecacuanhæ, and submuriæ hydrargyri, may be used in cases of gastric capillary congestion, with accumulation of mucous and bilious matter in the stomach and duodenum, with the effect of removing morbid secretions, and diminishing, in a great degree, the general and local disorder.

When, in addition to morbid secretions in the primæ viæ, the disease seems to depend upon inflammatory irritation of the mucous membrane of the stomach or duodenum, emetics are counter-indicated. Local bleeding from the epigastric region, by leeches (their number being pro-

portioned to the degree of inflammation), is then an important remedial means. Warm emollient poultices, applied over the epigastrium, and region affected, should succeed the application of leeches. The repetition of the leeches and poultices will be determined by circumstances. Mild laxatives and emollient enemas will be proper additional remedies.

When the erysipelas affects the face, with considerable tumefaction, heat and tension, the patient being young and plethoric, the pulse full and strong, or hard, general bloodletting from the arm or foot will be the first and most important remedy. Blood may be abstracted, locally, from the inflamed surface, if it be tense and hot, by means of punctures, as advised by Mr. Dobson. These punctures may be made by a lancet upon the inflamed surface, and especially around its circumference, to the extent of some hundreds or thousands; the bleeding being encouraged by sponging with warm water. Acupuncture may be repeated twice a day, or more often, according to the intensity of the inflammation. The next remedy in such a decided case of acute inflammation, is an emetico-cathartic, consisting of tart. ant., pulv. ipecac. and submuriate hydrarg., or a cathartic composed of ext. colocynth., comp. pulv. Jacobi, and submuriate hydrarg. These are to be administered if there be no signs of gastro-enteric inflammation. Saline purgatives, diaphoretics, and the use of blue pill, and the ext. colocynth, comp., according to the condition of the hepatic secretion, will constitute, principally, the subsequent treatment. If during convalescence the tone of the organism be much impaired, wine and bark will be beneficial—rendering the cure more complete, and a recurrence of the disease less probable.

If great determination to the brain takes place, or if inflammation commence in its membranes, or substance, from sympathy with, or metastasis of the inflammation of the face, then the most decided antiphlogistic course must be pursued. General and local bleeding, derivative, and mercurial purgatives, blisters to the inferior extremities, in some instances to the back of the neck, are to be employed, as in idiopathic inflammation of the brain. In all cases of sudden metastasis, or transference of capillary irritation, it will be best to treat the disease, in its new seat, upon antiphlogistic principles, whilst we endeavor to recall the erysipelas by exciting a fluxion to the capillaries of the cutaneous surface.

When simple erysipelas occurs in the extremities, it is necessary to direct attention to the posture of the limb, and to guard it from external irritation. The general treatment is to be regulated by a consideration of the state of the secretions, the degree of vascular excitement, and constitutional energy. If the local inflammation be considerable, blood may be taken from the limb by means of leeches or acupuncture, the bleeding being encouraged by sponging with warm water, or warm fomentations.

If the disease assume an erratic form, it will be proper to attempt to fix it by the application of blisters or nitrate of silver around its margin. As this form occurs in patients enfeebled by age, of intemperate habits, long exposure to impure air, or as the result of protracted disease or organic lesions, it will be necessary to support the vital energies by tonics and stimulants, to remove excrementitious matter in the *primæ viæ* by

tonic purgatives, and to combat existing complications by appropriate therapeutical means. The muriated tincture of iron is one of the best tonics, in such cases, according to Sir Charles Bell.

If there exist inflammation in the organs of the abdomen or thorax, submuriate hydrarg. combined with opium and camphor, carried to the point of affecting the mouth, will be requisite. If there be much nervous irritability, independent of inflammation, but connected with a morbid condition of the circulating fluids, and exhaustion of vital power, carbonate of ammonia and opium may be administered. If the cerebral disturbance is connected with disordered hepatic secretion, the opium may be combined with submur. hydrarg. Ten grains of Dover's powder, and five grains of submur. hydrarg. may be given at night, and repeated a few times. If the hepatic derangement be chronic, submur. hydrarg., or blue mass combined with aloes and antimony, or rhubarb and soda, may be used. The mercurial treatment, carried to ptyalism, will often in such old derangements be the most effectual remedy.

When erysipelas occurs in comparatively healthy constitutions, from an undigested mass in the stomach, as spoiled fish, an emetic, followed by a cathartic, abstinence, and confinement to diluents for a few days, will constitute the remedial means.

In the course of erysipelas occurring in impaired and broken-down constitutions, whilst a moderate antiphlogistic course is pursued, there will result a sudden depression of vital power, manifested by the brown tongue, the purple color of the skin, the enfeebled energies of the circulation, and the manifest failure of animal heat; in such cases, there can be no hesitation in the vigorous administration of tonics and stimulants. Wine, ammonia and bark are the best remedies. Six or seven ounces of wine daily, and five-grain doses of quinine five or six times in the twenty-four hours, will sometimes stimulate efficiently the nervous energies, and enable the constitution to rally from its depressed state.

II. *Phlegmonous Erysipelas*.—In this form the disease is more severe, and demands, in the majority of cases, the vigorous pursuit of antiphlogistic means. In the young and plethoric, the violent constitutional disturbance must be moderated by venesection, repeated as the state of vascular action demands. This remedy prepares the way for the application of leeches, according to the degree and extent of the local inflammation.

When phlegmonous erysipelas occurs in the extremities of the young and robust, after venesection and the application of leeches, the patient is to be placed in a warm bath, not merely to facilitate the flow of blood from the leech bites, but to restore the balance of the capillary circulation. The repeated use of warm baths is highly recommended by Rayer as a powerful remedy in the early stage of this disease. Purgatives must be given, conjointly with the above remedies. The best form, in most instances, will be a combination of sulph. of magnesia and tart. antimony, dissolved in distilled water, giving $\frac{1}{4}$ — $\frac{1}{2}$ gr. tart. ant. and ʒ ij. of sulph. magnesia, every two or three hours. Submur. hydrarg. may be combined with an equal quantity of pulvis. antimonialis, and given in four or five grain doses every two or four hours, with an occa-

sional saline purgative. With respect to local applications, we must consult the feelings of the patient ; in some instances cold applications, as alcohol and water, super-acetate of lead dissolved in water ; in others, warm emollient poultices will be the most soothing and agreeable.

If the local disease is not much interrupted by our local and general remedies, and the speedy supervention of suppuration and sloughing is threatened, or if we are deprived of the use of leeches, incisions should be employed ; the extent being determined by the depth of the inflammation and the degree of tension. From two to four inches in length, will generally be requisite. These, followed by warm fomentations and emollient poultices, the use of salines and diaphoretics, will often arrest the disease in its first stage.

When phlegmonous erysipelas of the limbs occurs in constitutions enfeebled by age, intemperance, or disease, our antiphlogistic course must be greatly modified, the constitutional energies being supported, while the local disease is combated by mild antiphlogistic applications. But in such constitutions, when the inflammation is extending itself widely, in the cellular tissue, incisions must be promptly made, the vital powers being supported by an adequate administration of wine, ammonia and quinine. If the tumefaction be merely the result of effusion of serum, the incisions relieve heat, pain and tension, and the wounds contract and heal rapidly by adhesive inflammation.

In the suppurative stage, incisions, with appropriate remedies for functional disturbance and impaired vital energy, will constitute the remedial means. Whatever doubts may exist with respect to the employment of incisions in the primary inflammatory stage, all practical surgeons must concur in their absolute necessity in cases of extensive suppuration and sloughing of the cellular tissue. Employed in the stage of effusion of serum, they often interrupt inflammation, and prevent the process of suppuration. In the stage of suppuration, they not only give an outlet to the retained mass of purulent matter and disorganized cellular tissue, but interrupt the suppurative inflammation, and essentially relieve many severe local and general symptoms, as pain, tension, delirium, diarrhœa, and disturbance of the nervous and vascular systems. If the cellular tissue under the aponeuroses be strangulated, the incision, to afford the requisite relief, must be longer and deeper than in diffuse suppuration confined to the subcutaneous cellular tissue. Mr. Copland Hutchinson, in his *Practical Observations on Surgery*, says—"These incisions may be made about an inch and a half in length, from two to four inches apart, and varied in number from four to eighteen, according to the extent of surface the disease is found to occupy." Mr. Lawrence says he has found, by repeated experience, that a single incision, carried through the middle of the inflamed part, in a direction parallel to the long axis of the limb, is quite sufficient ; the incision being made by a double-edged bistoury, and carried down to the fascia. Mr. Travers, who recommends the incisions not to exceed three inches, advises that if arteries of a size requiring more than the pressure of the finger for two minutes be divided, they should be secured by ligature. The arterial bleeding he considers neither advantageous nor safe, though

the venous is beneficial. The bleeding is to be encouraged by warm fomentations; checking it, however, by posture and pressure, when the system seems to suffer from it, especially in those of advanced life. Stimulants may be requisite for fainting. The wounds are now to be dressed with oil and lint, or basilicon unguent and turpentine, applied on lint, and covered with a warm emollient poultice, to encourage the discharge of matter and sloughs of cellular tissue. If the skin be much affected by the extent of suppuration and sloughing, it is important, as advised by Dupuytren, to avoid separating the few remaining bloodvessels and nerves, upon which the only hope of restoring the lost skin is based. When the dead cellular tissue has been thoroughly discharged, and healthy granulations have made their appearance, careful bandaging will facilitate the formation of adhesions and cicatrices.

Incisions are applicable to phlegmonous erysipelas attacking other portions of the body. A transverse incision in the eyelid is sometimes required, in erysipelas of the face, when suppuration has occurred in the cellular texture of the eyelid. Incisions are promptly required in phlegmonous erysipelas attacking the deep-seated cellular tissue of the scalp; the number and extent to be determined by the severity of the case.

After incisions, when the skin is not much affected, the wounds rapidly heal; but if there be extensive loss of skin and cellular substance, the reparation of the lost parts is a work of skill and judgment. The skin and subjacent tissues may require to be stimulated by bark, fermenting poultices and stimulating lotions, and the constitution by wine, bark, ammonia and antispasmodics. On the other hand, the local inflammation may require leeches and soothing applications, and a corresponding modification of regimen, in order to produce adhesion and cicatrization.

III. *Œdematous Erysipelas*—*E. Œdematodes*.—Œdematous erysipelas, occurring in broken constitutions, demands a mild antiphlogistic course, and constant attention to the state of the vital energies. We are to direct our remedial means against symptoms; giving mild laxatives and emollient enemas to remove intestinal secretions, prescribing low diet, and, perhaps, the application of leeches for local excitement; and wine, ammonia and quinine for manifest debility. In some of the protracted forms of Œdematous erysipelas, Dr. Green, of London, has used the sulphur-fume bath, with great benefit. Moderate compression, by bandage, has sometimes proved serviceable in the latter stage of this form of the disease. In patients of intemperate habits, it is often necessary to resort to the accustomed stimulus, to sustain the strength and to tranquillize the general disturbance of the system. The approach of gangrene demands the vigorous administration of wine, opium, quinine and ammonia.

In erysipelas occurring in an epidemic form, the treatment must be essentially modified by the constitution of the atmosphere. In the malignant form, which invades the superficial and deep-seated cellular tissue of the throat and neck, incisions are required to relieve strangulation, tonic purgatives to improve the secretions, and wine and bark to

support vital energy. In erysipelas complicated with diffuse phlebitis, the best devised plan of treatment fails in arresting the fatal termination of the disease.

In erysipelas occurring in the course of fevers, we may resort to punctures upon the inflamed surface, the bleeding being encouraged by sponging with warm water. This measure may be combined with the administration of appropriate purgatives, to remove excrementitious matter, and tonics and stimulants to increase vital power. It is in this form of the disease that wine, given to the extent of 3 vi.—viij. daily, and quinine to the extent of 5 ss. daily, exert a renovating power over the constitution. In some complicated cases, occurring during the debility of protracted disease, Dr. Graves has witnessed very excellent effects from the administration of quinine, in the form of an enema—as 5 grs. sulph. quinine in two ounces of liquid starch, with a few drops of laudanum, given every four hours. Counter-irritation, by means of blisters, was employed at the same time.

Erysipelas Infantum.—In erysipelas infantum, it is important to renew the secretions, particularly the hepatic. We have found a combination of soda, ipecacuanha and submuriæ hydrargyri very useful as an alterative to act upon the liver and skin. A powder composed of one fourth of a grain of submuriæ hydrarg., the same quantity of ipecacuan. and one grain of the bi-carbonate of soda, rubbed up with a few grains of sugar, should be given every three or four hours. In mild forms of erysipelas, occurring in infants at the breast, the milk of the mother will sustain the child's strength. But in cases of manifest debility, quinine may be given with the best effects. In all cases tending to gangrene the same remedies are indicated as in adults; quinine and ammonia are to be used in doses proportioned to the age of the child. In children more advanced in age, leeches, for local tension and heat, will constitute a valuable remedy. Incisions may in some instances be demanded to give an outlet to purulent matter and sloughs of cellular tissue.

A great variety of local applications have been used, by different authors, in the treatment of erysipelas. In selecting those adapted to an individual case, the practitioner must be governed, in some instances, by a consideration of the feelings of the patient; in others, by the form of the disease, its seat and stage. The favorite application of Abernethy, was the pulp of a soft-bread poultice, which he considered as better adapted than any other application, "to soothe the parts affected, and to abate their inordinate action." Dr. Dobson recommends a lotion composed as follows, viz.: R. Liq. ammon. acet. oss. spt. camphor, f 3 i.; aquæ puræ, f 3 vij. M. He uses this in connection with punctures, without fear of revulsion or metastasis. Dr. Peart advises a lotion consisting of one drachm of subcarbonate of ammonia, and one of superacetate of lead, dissolved in a pint of rose water. Lawrence uses cold applications in the commencement of the inflammation; and when the inflammation is developed, warm applications, as fomentations, steadily used for hours together; the part being covered with a warm bread poultice in the intervals of fomenting. M. Reynaud has used, with much success, carded cotton, as a local application in erysipelas.

Its beneficial effect has since been proved, by repeated trials. Sir Astley Cooper directs camphorated spirits of wine in the first stages; and for gangrene, the port-wine poultice, or the nitrous-acid lotion, in the proportion of a drachm of the undiluted acid to a quart of water. Mr. Higginbottom recommends superficial cauterization, by means of the nitrate of silver, as a means of arresting the spreading of erysipelatous inflammation on the skin, and in the cellular tissue. Most practitioners have, perhaps, witnessed cases illustrative of its good effects, when combined with proper constitutional treatment. Dr. Davies has used the tincture of iodine, as a local application, with an uniformly beneficial effect.* He paints the whole of the inflamed surface with the tincture of iodine, made in the proportion of forty grains of iodine to an ounce of spirits of wine. The first application is followed by a sensible abatement of the local inflammation. On the following day it is again applied; its strength, perhaps, being diminished by the addition of alcohol. Its application may be renewed from day to day, as the symptoms demand. The confidence of Dr. Davies in the power of this local remedy, seems to be founded on numerous trials and abundant evidence of its efficacy. It may be proper to remark, that Dr. Davies's constitutional treatment consists in adoption of cautious bloodletting, mercurial purgatives and calomel, combined with opium, carried to the point of affecting the system, in cases which demand it.

Blisters are another local remedial means, which have been advised by the highest authorities, as Physick and Dupuytren. With respect to the expediency of their application, however, the opinions of the medical public still remain divided. The following remarks of Patissier, on their use in phlegmonous erysipelas, are worthy of perusal.

“Enfin, il me reste, à indiquer un moyen qui, aidé de la plupart de ceux dont je viens de faire mention, détermine en quelque sorte la crise de la maladie; je veux parler des vésicatoires. Therenin dit que de son temps, on employait fort communément les vésicatoires appliqués loin de la partie malade, comme propre à détourner l'humeur érysipélateuse. Desault rejette ce moyen, non d'après sa propre expérience, mais d'après un fait rapporté par Alix. Long temps après, Petit de Lyon essaya avec succès les vésicatoires apposés au centre de l'inflammation dans l'érysipèle et le phlegmon simples, et dans érysipèle phlegmoneux, comme le prouve une dissertation présentée et soutenue à l'Ecole de Médecine de Montpellier par une de ses élèves, M. Rodamel; enfin, dans ces derniers temps, M. le professeur Dupuytren, à qui l'art doit d'heureuses modifications dans le traitement de plusieurs maladies, a rappelé avec avantage les vésicatoires, pour la curation de l'érysipèle phlegmoneux. Dans le traitement de cette maladie, on n'obtient de l'emploi des vésicatoires d'avantages marqués que lorsque la suppuration n'est pas encore établie. Dès le début de la maladie, après avoir par la saignée diminué la pléthore sanguine, et combattu les symptômes bileux par l'émétique, il faut appliquer au centre de l'inflammation un large

* Selections in Pathology and Surgery. By John Davies, Surgeon to the General Infirmary at Hertford, and late editor of the London Medical and Surgical Journal.

vésicatoire camphré que l'on n'enlève qu'au bout de vingt-quatre heures ; on détache la vésicule, et on sollicite la suppuration jusqu'à ce que la partie soit complètement dégorgée. Si l'inflammation occupe une grande étendue, il faut placer plusieurs vésicatoires à quelque distance l'un de l'autre, sur le siège de l'inflammation. Par ce moyen énergique, l'on voit, dans l'espace de quelques jours, des membres entiers énormément gonflés, reprendre peu-à-peu leur volume naturel ; quelquefois cependant, il se forme quelques petits abcès, soit le long du trajet des vaisseaux lymphatiques, soit même audessous des vésicatoires ; mais ces accidents légers peuvent-ils entrer en comparaison avec les abcès énormes et les larges ulcères qui succèdent ordinairement à l'érysipèle phlegmoneux abandonné à lui-même. En ne consultant que la théorie, on peut être effrayé de voir appliquer sur une partie enflammée, un violent irritant. Il paraît en effet au premier coup-d'œil que cette application ne peut que augmenter l'inflammation déjà existante, et qu'on doit redouter des accidents plus graves, que ceux que l'on a l'attention de prévenir ; et comme l'action du vésicatoire est de concentrer sur un point toute l'inflammation, et de déterminer sur ce point une irritation plus vive que dans les autres parties enflammées, il semble qu'il doit en résulter le gangrène ; mais j'ai vu guérir plus des cinquante érysipèles phlegmoneux, et j'en ai guéri moi-même plusieurs par les vésicatoires, sans que cet accident soit jamais survenir."

Erysipelas, as it occurs in different constitutions, in different states of vital energy, under different epidemic constitutions of the air, and in different stages of the same attack, combines different, and even opposite pathological states. But in the majority of cases the antiphlogistic course must be pursued, but modified by the constitution, the stage of the disease, the existing complications, and the sudden transitions of the disease from a comparatively sthenic to an asthenic state.

DR. ANDREW HARRIS.

[Communicated for the Boston Medical and Surgical Journal.]

DIED at Canterbury, Conn., the last week in May, Andrew Harris, M.D., in the fifty-third year of his age.

For a number of years past, Dr. Harris has been considered, with justice, as the most distinguished operative surgeon in the eastern section of Connecticut. He performed most of the important operations in that part of the State, from the Massachusetts line to the seashore, as well as a considerable number in the adjoining towns of Rhode Island. His decease has left a chasm, which it will take a long time to fill with any one who can share the same portion of the approbation and confidence of the public.

He was a native of Rhode Island, and was born about five miles from Providence, upon a farm which had descended to his father from the Harris who was one of the first settlers, and one of the principal men who coöperated with Roger Williams. His academical education he received, or rather completed, at Plainfield, where there was, at that

day, perhaps the most flourishing academy in Connecticut. His private medical studies were pursued under the tuition of Dr. Joseph Palmer, who was his brother-in-law, at Ashford. Thence, he attended a course of lectures at Dartmouth College, and was a favorite pupil of the late Professor Nathan Smith. Here he formed his taste for anatomy and surgery. He finally completed his preparatory studies, by attending a course at Philadelphia, where he became familiar with dissection and operative surgery. Having a strong attachment to his profession, being uncommonly studious and industrious, and possessing naturally mechanical skill and dexterity, few candidates for public patronage came forward under such favorable circumstances. By those who knew him, much was expected from him, and his success was such as to gratify these high expectations. Without attempting here to specify the several branches in which he was eminent, it is yet proper to mention one particular, in which his success, from some consideration or other, was pre-eminent. He very frequently extirpated scirrhus or cancerous tumors, and, contrary to the experience of many able surgeons, the instances of relapse were very few. The same may be justly said of another of his operations. He was in the habit of tying varicose veins, without any of those unpleasant results, of which many practitioners complain. He had no hesitation, therefore, to operating in either of those diseases, provided the system in general remained tolerably sound; and his usual success demonstrated the soundness of his judgment.

But, after all, it was the character of the doctor as a citizen, which endeared him to his friends, acquaintance and employers, fully as much as his professional standing: Here description will fail to convey any adequate idea to those to whom he was not personally known. He was peculiarly a man of business, and his activity, industry and perseverance had scarcely any limits. In whatever concerned the general good and public improvement, he was ardent in the extreme. He unquestionably exhausted himself prematurely, and sunk into an early grave in the midst of his usefulness, in consequence of his unwearied and intense exertions. Agriculture, the improvement of stock, manufactures, turn-pikes and railroads, with almost every object of the kind, attracted his attention. It is uncommon to find a man devote himself to so many things, to do most of them so well, and still not neglect his profession. One circumstance, however, was greatly in his favor. Though he was not rich, and never attained to wealth, in the modern acceptance of the term, yet he was ever far from being poor, and from his earliest youth his pecuniary circumstances were always easy, and, it is believed, free from embarrassment. He was thus able to sustain his native independence of character with ease.

His intercourse with his professional brethren was always attended with frankness and candor. It is rare, if ever, we find a professional man of his eminence who was so little disturbed by the jealousy or envy of others. He appeared to be on the best terms with every physician in his vicinity. In consultations, his opinions were considered as of the highest authority; but they were delivered with so much modesty, that they never gave offence, even when there might be a difference in judg-

ment. He lived upon a farm of considerable size, which was cultivated under his inspection, and, when circumstances would admit, with his own labor. As has been said, he had a mechanical turn. This he improved, and curious and useful inventions and works were to be seen upon his premises, made by his own hands.

He was peculiarly happy in his family, and his house was the seat of hospitality and benevolence. His residence was distinguished for cultivation and taste, and a degree of elegance, not very common in country mansions.

The ardent and active friend of social order, and of the substantial institutions of society, he was distinguished for his exertions—not ultra, but rational—in the cause of temperance, and he was one of the main pillars in the ecclesiastical community to which he belonged. He bore with calmness, patience and resignation, his last, protracted illness, which was a pulmonary affection, evidently occasioned by his excessive professional labors, in connection with his other various and arduous employments. He was much engaged, in the latter part of his life, in the study of the Scriptures, and found in them support and consolation.

It is not to be expected that every one can fill such an extensive sphere of usefulness, or be endued with such various and eminent talents, as fell to the lot of Dr. Harris; but his example is of great importance to the younger part of his profession. By imitating his industry, prudence and perseverance—and even such a portion of his ardor and intensity as their physical constitutions admit—they can scarcely fail of being useful to themselves and others, and of finding, in the end, their merits acknowledged by the public.

The doctor has left a widow and three children (all daughters), with a sympathizing community, to lament their irreparable loss. By few is it felt more sensibly, than by the writer of this very imperfect and inadequate notice.

T. M.

June, 1840.

MR. COMBE'S VISIT TO CINCINNATI.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of 27th May, among “Medical Items from the West,” it is said that Dr. Combe “spent a few days in Cincinnati in April, without delivering a single lecture, or making any acquaintance with the medical gentlemen of the city. We cannot tell why he was so reserved.” Allow me to mention that *Dr. Combe* has never been in the United States, and, therefore, was not at Cincinnati in April; but as I am obviously the individual alluded to, I shall explain why I did not lecture in that city.

When I came to the United States in Sept., 1838, it was my intention to lecture in the eastern cities in the first winter, and in Baltimore and the western cities during the second winter of my stay. In April or May, 1839, I was waited on, in New York city, by Dr. S. D. Gross, of Cincinnati; who inquired if I would lecture there. I explained to him

that phrenology is a disputed subject ; that I did not wish to intrude it on unwilling ears ; that in Britain, I had never lectured out of Edinburgh, except on invitation and to an audience pledged to attend ; that in the United States I had followed the same rule ; that in Baltimore, after public advertisements, no adequate class could be mustered, and that I had not lectured there ; that I was willing to lecture in Cincinnati if 150 hearers could be guaranteed, but not otherwise ; and I agreed to keep my arrangements open till 1st July, to allow him time to return home and ascertain the public sentiment on the subject. He never wrote to me, and no invitation ever came. In consequence I abandoned my intention of lecturing in the West, believing that I was not wanted.

My visit to Cincinnati in April was merely in the course of a rapid excursion to see the physical aspects of the country before embarking for Europe. I had then no intention of lecturing, and had not a single illustration with me for the purpose. I had only one month to spare for my whole western excursion, and presented no letters of introduction in any of the cities.

Your correspondent adds, "we understand that he (Dr. Combe) stated to a *gentleman in private conversation*," a reason for not lecturing on phrenology in Cincinnati ; which is disrespectful to the inhabitants of that city and injurious to me. Here is obviously a mistake. No *gentleman* would report "a private conversation" injurious to the friend who had confided in his honor. The very act of doing so implies a dereliction of principle so manifest that it deprives the report of every legitimate pretension to authenticity. I therefore consider it unnecessary to contradict it.

Yours, &c.

New York, 30th May, 1840.

GEO. COMBE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 17, 1840.

DISEASES OF THE SPINAL COLUMN.

IN the Transactions of the Medical Society of the State of New York, there is published a prize essay on the diseases of the spinal column—their causes, diagnosis, history, and the best mode of treatment—by Nathan N. Davis, M.D. It strikes us that Dr. Davis merits something more than a gold medal for this very useful and judicious performance. He appears to have examined the subject with that degree of care which should be exercised especially by those who attempt to teach others. In its present form, locked up in the annual publication of the Society, the utility of the dissertation is in a measure confined to the limits of the State. If there is nothing in the statutes of the Society which forbids the free disposal of their papers in any way that will be most conducive to the interest of the profession every where, which, indeed, is the interest of humanity, this excellent production should assume the form of a small volume, and be placed on sale throughout the whole country.

In the midst of social life, blessed with all the accompaniments of civilization, there is a bane showing itself in the distortions of youth, that seems not to have been a recognized evil of much extent in the earlier history of this country. Since the forests were felled, and the rugged surface of the ground gave way to the active industry of our ancestors, and bread could be procured with less sweat of the brow, diseases have been developed which were scarcely known to the last generation. With the progress of refinement, the tares of physical woe began to show themselves in new or diversified forms; and the achievements in science, the object of which is to enlarge the sphere of knowledge and increase the amount of human happiness, do not always afford the successful means of accomplishing either.

An incurvation of the spine, the unsymmetrical projection of a shoulder, the malformation of a bone, in most instances, is now referred to some offending cause, which nature abhors as she once did a vacuum. There is a philosophy abroad that recognizes principles, and is perfectly competent to the solution of problems in physiology, that were too readily, at one period, viewed as insurmountable obstacles in the practice of medicine. Spinal affections have been regarded in the light of very formidable difficulties, quite beyond the pale of remedies. And what have been the remedies used? They consisted, until recently, in a majority of instances, of internal medications, the swallowing of boluses, or, perhaps, an occasional application of a harmless liniment, of no more efficacy than the Digby sympathetic powder, of olden times, bound on the edge of a cutting instrument to heal an incised wound. Physical treatment—in other words, using those bones and muscles which were unable to perform their appropriate functions, because in many cases no labor had devolved upon them—appears to have been quite neglected. People have always been slow to believe that diseases could be overcome by any other means than those to which they have been most accustomed. This, in part, explains the reason of the slow march of a correct system of management in spinal difficulties. The maxim, "what can't be cured, must be endured," has made thousands of cripples, who might have been partially, if not wholly, restored by the simple, yet efficient methods of the present day.

Dr. Davis has brought within the compass of a portable treatise, the opinions of those most distinguished in this particular department—a labor requiring indefatigable research. This gives the reader an advantage of very considerable importance, since time is money. He discusses the relative value of the various kinds of treatment, and, in the fewest words in which it is possible, details symptoms, and puts the practitioner in possession of the experience of the ablest physicians of the age.

Those who have the good fortune to receive this dissertation, will at once discover that it is no ordinary work. Notwithstanding the vulgar assertion that there is nothing new, it is very certain that medicine and surgery would make a sorry figure in the world, were no efforts successfully made to develop something new, either in the way of expounding principles or treasuring up facts. The increased value of life is a striking evidence of the benefits of the efforts now making for the best good of the race, so far as the lessening of the physical evils to which we are incident, is concerned. We cannot withhold our warm expressions of praise from Dr. Davis, without doing injustice to a talented writer.

Journal of Dental Science.—Another number, being the fifth in the regular series, has been distributed. The leading article is a continuation of the memoir of the late John Greenwood, of New York, formerly a celebrated dentist. There is more in this part of it relative to the war of the revolution, than the art to which he was principally devoted. Article second, on Odontalgia, by S. P. Hullihen, of Wheeling, Va., is of practical utility, and, in fact, to the unscientific man, contains very comforting intelligence, should he happen to suffer from diseased teeth. The third paper is too short, altogether so, since the topic is one that would bear being spread over half a dozen pages. We were in hope that Mr. Stringfellow had examined the *lithodon*, said to have been discovered in this city, and told us whether it was anything more than an amalgam of some of the metals. It seems that this periodical is well received in England—one of the most gratifying compliments to the dentists of the United States, that could have been conferred upon them. Even a respectable list of subscribers has been sent on from that country. We always liked the enterprise, and therefore wish the editors every kind of encouragement.

Washington University of Baltimore.—Another season has presented us with the annual circular of the medical department of this thriving institution, which is distinguished for the energy and science of the faculty. There is an introduction to the catalogue of students attending the last course of lectures, distinguished for its good sense and appropriateness, that is worth perusal even by those who are unconnected with the study of medicine. A summer course of lectures is delivered, commencing in April and terminating in July. The fee is \$10 for each ticket—the plan being perfectly democratic, allowing the applicant to hear or not to hear, as he pleases. If the student takes the whole, it costs \$50. On the first Monday of October, the regular series of winter lectures begin. From the statements accompanying the circular, it is obvious that the school is prosperous. Dr. J. R. W. Dunbar, whom we have always regarded as one destined to take an elevated place amongst American surgeons, still continues in the professorship of surgery and surgical anatomy.

Connecticut Medical Society.—The proceedings of this Society at their late Convention have been received from the Secretary. The Society appears to be in a flourishing condition. The Committee appointed to nominate candidates for honorary degrees, recommended Benjamin Hopkins Catlin, of *Haddam*; Asa Witter, of *Woodstock*; Mason Manning, of *Stonington*; Orson Wood, of *Somers*; and Anson Moody, of *North Haven*, to the President and Fellows of Yale College, as candidates for the Honorary Degree of Doctor in Medicine; and George Frost, M.D., of *Springfield, Mass.*, as an Honorary Member of the Connecticut Medical Society.

Dr. Richard Warner read a Dissertation on the Advantages of prompt and efficient practice in Acute Diseases.

The committee appointed to nominate a dissertator for the next convention, recommended Dr. Amariah Brigham, of Hartford, who was accordingly appointed. It was resolved, that for the purpose of obtaining statistical returns of the births and deaths in the State, the Secretary be requested to furnish each physician with a blank form, and circular, to be

returned by the Fellows to the Secretary, who shall report the same to the Convention.

Dyer T. Brainard, M.D., of New London, delivered an address to the candidates, agreeably to previous appointment; and Silas Fuller, M.D., of Hartford, was appointed to deliver the address to the candidates at the annual examination in 1841.

On the Treatment of Synovial Tumors by Subcutaneous Incision. By M. BARTHELEMY.—This mode of treatment was suggested by the very slight local or general disturbance which has been found to succeed the section of muscles even of considerable extent, when the skin over them is not divided. The operation consists in raising a fold of the skin near the tumor, and passing a long thin lancet-shaped knife under it to the left side of the swelling, which is then by a sweep of the instrument split into two portions. The instrument is then withdrawn by the same narrow aperture at which it entered, and care is taken that no air should pass along the track of the wound. The fluid which the cyst contains diffuses itself into the surrounding tissue and soon disappears, leaving, it is presumed, no chance of the relapses which are common after every other mode of treatment.

The operation has been performed with success, and with no subsequent ill effect, by MM. Barthelemy, Marechal and Malgaigne.—*Gaz. Médicale.*

On Division of the Muscles of the Back in Cases of Lateral Deviation of the Spine. By M. BOUVIER.—They who maintain that contraction of the muscles plays the chief part in the greater number of lateral deviations of the spine, and that these deformities should in consequence be treated by tenotomy, are required to prove the affirmation of the three following positions: 1. That in the majority of lateral deviations of the spine, as in deformities really produced by muscular contraction, the muscles corresponding to the concavity of the curvature are rendered extremely tense, when an attempt is made to straighten the spine. 2. That the permanent retraction of these muscles is not preceded in the greater number of cases by deformity of the spine. 3. That section or excision of these same muscles on the dead subject causes total or partial disappearance of the curvature. [M. Bouvier decides each of these points in the negative; and hence concludes that curvatures of the spine are not in the majority of cases capable of cure by the plan recently advised and practised by a rival orthopædist of the French capital. The point at issue can, however, only be fairly settled by the results of the operation on the living subject.]—*L'Expérience.*

Mortality of the Sexes.—The following are among the most striking results of the English Registration Tables, with reference to the comparative mortality of the sexes. In early life, the mortality among boys is much greater than in girls. In 1837-8, there died of males in all England, under 1 year, 33,990; of females, 31,898; being a majority of 2,092. This seems to have been foreseen by the Author of Nature, and the increased proportion of births in the male sex was made the compensating measure. The non-recurrent maladies affect the two sexes equally; so do typhus and many other acute and chronic disorders. In middle life the mortality among males is greater than among females, in the proportion

of 520 to 493. Nevertheless, there are some few exceptions to this rule ; consumptive affections are more frequent in females than males, in the proportion of 41 to 37 ; cancer, in the proportion of 2 to 1 ; dropsy, 8 to 7 ; hooping cough, 46 to 37. Violent deaths are, however, more frequent in males, in the proportion of 3 to 1. Affections of the heart are more frequently fatal in men, in the proportion of 26 to 19. Females attain a greater age. In 1837 there died, at above the age of 77 years, 73 men to 111 females. Total annual mortality in London, 27 males to 25 females ; all England, 75 males, 73 females. If the lecturer were to speculate on the cause of the superior longevity enjoyed by females, he should attribute the circumstance, not to any difference in their original conformation, for men were built, probably, of stronger materials, but to the healthier condition and temperament of the female mind, which, being better regulated than ours, rose superior to the cares and anxieties which shorten the days of men.—*Dr. Gregory.*

Obturator Hernia.—An example of this rare form of hernia was recently met with by M. Bouvier, in a person aged 80 years. The disease had not been recognised during life. The only symptoms of an intestinal obstruction were constipation and tympanitis. On examination after death, a quantity of greyish and fœtid fluid was found extravasated in the upper part of the thigh. A small portion of the ileum, in a state of gangrene, lay outside the opening through which the obturator vessels and nerves pass. The hernial sac, as in the case published by M. H. Cloquet, was situate inside and in front of the vessels and nerves, and behind the small adductor and pectinæus muscles, by which it was separated from the crural vessels. Hence the surgeon, were he to discover the existence of such a hernia during life, would be forced to seek it underneath these parts, and to divide the stricture on the inner side.—*Bul. de l'Acad.*

Medical Miscellany.—Dr. Ticknor, late first surgeon of the Ohio, has returned home from the Mediterranean. A wide distribution of some of the naval surgeons has been made : this was necessary, since the vessels of war belonging to the U. S. visit every port of consequence on the globe. —Physic and surgery are in a low condition in Mexico. Well-qualified professional gentlemen from the States, succeed admirably in that country. —Cases of poisoning by some kind of salt-water fish begin to occur. Eruptions which smart badly, on the face and hands, are not unfrequent in the commencement of the summer, in consequence of eating fresh mackerel.—No further mention is made by late arrivals, of the further progress of cholera in Bombay.—Mr. Combe, the celebrated phrenologist, sailed from New York, in the British Queen, the 1st inst.

DIED,—At Lenox, Ms., Dr. Charles Worthington, 61.—At Richmond, Va., Dr. Richard Kennon, late of the U. S. Navy, 36.

MARRIED,—Joshua Tucker, M.D., of Boston, to Miss S. L. Morse, of Winchendon, Mass.

Number of deaths in Boston for the week ending June 13, 22.—Males, 10—females, 12.—Stillborn, 2. Of consumption, 1—typhous fever, 1—infantile, 4—inflammation of the bowels, 1—dropsy on the heart, 1—old age, 1—scarlet fever, 3—dropsy on the brain, 2—cancer on the lungs, 1—throat distemper, 1—rheumatic fever, 1—teething, 1—stoppage in the bowels, 1—lung fever, 1.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	- - - - -	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and De-	} - - - - -	DR. BOWDITCH.
monstrations on Morbid Anatomy, at the Hospital, by		
Anatomy and Medical Jurisprudence, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

June 17—eoptf

M. S. PERRY,

C. H. STEDMAN,

H. I. BOWDITCH,

H. G. WILEY.

TO DENTISTS.

THE advertiser informs the Dental Profession and others, that he is now manufacturing two Metallic Compounds, for male and female dies, to be used in striking up plates of gold for artificial teeth or other purposes. The first of these metals melts with so little heat that it may be poured into wax impressions without it softening them; yet, when cold, it is very hard. The second metal will fuse at a still lower temperature, and is much softer. These metals (numbered 1 and 2) will raise a plate with as much facility and accuracy as zinc and tin. Therefore, plaster of Paris, casting sand, and other inconveniences, may be dispensed with.

It may be had in any quantity of EBENEZER SEAVER, 68 Tremont st. Price, \$2 per pound.

June 17—eoptf

A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if by letter, post paid.

June 2—eoptf

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

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March 11—6m

THE subscriber, wishing to relinquish his business, as a practising physician, offers his stand (which he has occupied for thirty-five years) for sale, situated in the centre of Auburn. Physicians will do well to give an early call.

Auburn, Mass., May 25, 1840.

June 2—3t*

DANIEL GREEN.

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, JUNE 24, 1840.

No. 20.

VEGETABLE DIET FOR CHILDREN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In my lectures on Education, delivered in New York and New England in 1839, I mentioned the injurious effects of low vegetable diet on the health of the children resident in the Asylum for Colored Orphans in New York city; and added that they were much benefited by an improved diet, embracing a portion of animal food. I cited the case as an illustration of the proposition that, in this climate, it is not salutary to feed children exclusively on vegetable diet. The remarks were assailed by one or more of the periodicals, to which I have hitherto made no reply. On my return to New York I applied to the physician to the Asylum for a statement of facts, and now send you a copy of his letter, and request of you to print it in your Journal. It will serve to place the question on its true basis; and this always was, and still is, my only object in adverting to those children. I am, &c.

New York, May 29, 1840.

GEO. COMBE.

To George Combe, Esq. DEAR SIR,—I readily comply with your request of yesterday, in relation to the influence of diet on the health of the children of the Asylum for Colored Orphans in this city. This institution was opened for the admission of orphans in the month of July, 1837; and since the close of that year the average number has been 50. Towards the close of the same year, when the house was more than half filled with children, sickness began to manifest itself, and during the succeeding 18 months proved fatal in no less than 15 instances. The disease, in a majority of cases, was scrofula in some one of its varied forms, and was attributed, among other causes, to the improper and scanty diet with which these poor children had been furnished, prior to their becoming inmates of the Asylum, and to the insufficiency of nutriment contained in the regular but light food thereafter supplied. For some time no animal food was allowed, and Indian-corn meal, and brown bread, made of rye and unbolted wheaten flour, were, among other things, largely used. One of the consequences of this kind of diet was inordinate irritation of the mucous membrane of the bowels, and almost constant diarrhœa. The orphans were so enfeebled that many sunk under the acute and epidemic or contagious diseases peculiar to childhood, which more robust children would have passed through in safety. Under the same circumstances, scrofula was developed in others,

who might have reached puberty, or even old age, without its external manifestation. Though I was far from attributing all the sickness and mortality at the Asylum to deficient and improper nutriment, I have no doubt that it materially contributed to that result. In a Report made by the writer to the Board of Managers at the close of the year 1838, is the following paragraph: "Eight out of nine of the children who have died in the Asylum were entire orphans, and had been long suffering under the deleterious influences of neglect, unwholesome diet and impure air. Besides, they were probably the offspring of vicious and unhealthy parents, and were born with the inherent seeds of disease. The salutary influence of good diet, comfortable clothing, a suitable degree of warmth, and a pure atmosphere, on the physical condition of whole classes and nations, is so well known that the subject may be dismissed with the single remark—that if these things be so essential to the well-being of a people living in a temperature adapted to their constitutions, how much more so do they become when this people has been transplanted to a comparatively rigorous climate."

Further experience did not fail to convince both the managers and physician of the necessity of improving the diet of the establishment. A change was accordingly made in this as well as in other respects of equal importance, and was followed by a remarkable improvement in the health of the children. Animal food is now used four times a week in substance, and twice in soup. White bread, rice and milk, the vegetables of the season, &c., are abundantly supplied. It is now a year since there has been a death in the Asylum, where no less than 15 deaths occurred during the preceding 18 months. Though I do not attribute this extraordinary exemption from mortality to change of diet only, but also to ameliorations of perhaps greater importance judiciously introduced by the enlightened and benevolent managers of this excellent charity, yet am I perfectly convinced that much of the present improved health arises from the use of more wholesome and substantial food. The experiment of going back from the better to the poorer kinds of food has been repeatedly made, and uniformly with the same injurious consequences.

All this corresponds so nearly with observations in private practice, in public institutions among the rich and poor, and on a more extended scale among nations, as to leave no doubt that the best fed, the best clad, the best aired, and the best washed children, are, *ceteris paribus*, the healthiest children, and make the strongest men and women.

New York, May 19, 1840.

I am, &c.

(signed),

JAMES MACDONALD, M.D.

INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. K * * * * *, aged 40 years, wife of a farmer in comfortable circumstances, and mother of a numerous family—generally healthy and able to perform her domestic labors—became ill in the spring of 1826.

She had capricious appetite, was dyspeptic, had sallow and sickly countenance, with disturbance of the digestive functions, &c. &c. Mrs. K. was of easy and quiet temper, happy in her domestic relations, had enough of the world to be above the fear of want, and was a worthy member of a Christian church.

I found Mrs. K. seated in the middle of her bed, surrounded by bibles, psalm books and tracts, "expounding and explaining" from the scriptures to an audience composed of her own family and as many of her neighbors as could endure to listen to her protracted exhortations after a continuance, without intermission, for three or four days and nights. The situation in which I found her was attributed by herself (and believed by those about her) to the operations of the "holy spirit"—"that she had just been brought to a knowledge of her lost, ruined and undone condition by nature"—"and that unless the work of regeneration, which had begun in her sinful heart, should be succeeded by an internal assurance of sanctification, of redemption, of pardon and acceptance through grace, she must be finally and inevitably lost."

Those who have been familiar with the scenes which have been enacted all over our country in times past of religious excitement and revivals of religion, of protracted meetings and camp-meetings, will recognise the description of the situation of Mrs. K. as no exaggeration, but rather a tame picture of the numberless instances of similar cases of extravagance, folly and madness occurring at these periods of mistaken zeal. In the case of Mrs. K., however, no such causes existed. There had been no religious excitement or revival of religion, or any unusual attention to that subject, which could have had any agency, directly or indirectly, to affect her. And I have adduced this case to show that the subjects which engross the minds of the insane are to be taken with great caution as the immediate causes of insanity. With the insane, subjects of the greatest moment to them in health, are not unfrequently most dwelt upon. And thence it is that religion, acknowledged *by* all as a most momentous concern *to* all, is a common theme in alienation of mind, though a particular consideration of the subject itself had, probably, no direct influence in the production of the malady. The opinion, nevertheless, generally still obtains that the subjects which most occupy the minds of the insane are the *causes* of insanity.

Insanity is a symptom only of physical disorder or disease. It is an absurd idea that a man may be *crazy* while in the enjoyment of *good bodily health*. Disorder of the physical health, especially of the digestive organs, from their connection and sympathy with the brain, however induced, is a prolific and common cause of insanity. And whether it arises from the excitement and irregularities of the gaming table, or the camp-meeting, the bacchanalian and debauchee may be often found on his knees in fervent prayer, and the religious enthusiast and fanatic as often indulging in gross lewdness, profanity and impiety. Insanity from these and similar causes, i. e., from *functional disorders*, is curable—but requires, in addition to moral means, a discreet and appropriate medication. Insanity from *structural disease* of the brain, or of remote organs which sympathise with it directly or indirectly, is to be *ameliorated* only

by moral treatment and such medication as will best promote the healthy functions of body.

To my inquiries of Mrs. K., when I first saw her, in relation to her health, she assured me she felt perfectly well—had no pain, no disturbance whatever of physical health; but, putting her hand over her heart, she said, “Here it is, and it is the Lord’s doings.” I suggested to Mrs. K. that as she had a great work going on within herself—the work of regeneration—and that as it was her duty to arouse her family and neighbors to a sense of their extreme sinfulness, it would be proper for her, and I thought imperiously necessary, to employ such means as would sustain her in this great undertaking. With her consent, I accordingly prepared her some *spiritual pills*, which procured sleep and a more healthy performance of the functions of the body. And by a little management, with appropriate medication, in a few weeks Mrs. K. was restored to usual health. After the entire recovery of Mrs. K. she was quite free to converse with me on the subject of her insanity; and she assured me that anxiety or apprehension about the present or future could not have been a cause. And though, at the time, she had a dreamy consciousness of her extravagance, she was impelled, by something which she could neither explain nor resist.

Mrs. K. has had no return of insanity.

J. H. F.

May 26, 1840.

EPIDEMIC TYPHUS PUERPERARUM.

[Communicated for the Boston Medical and Surgical Journal.]

TYPHUS PUERPERARUM is perhaps (with a few exceptions) the most fatal disease that the female portion of the human family are afflicted with, when it prevails as an epidemic. The most extraordinary fact connected with its history, is that it is confined to certain localities, where it commits its ravages for a few weeks or months, and then disappears, while neighborhoods in its immediate vicinity, and, in fact, in all directions, remain healthy. I think the most careless observer cannot fail to detect a wide difference between the epidemic and sporadic forms of puerperal fever. The endemic cases usually present a train of well-marked inflammatory symptoms, yielding to a thorough course of anti-phlogistic treatment; while the epidemic form is attended with the same symptoms in the first hours of its progress, but runs rapidly into a state of exhaustion, sinking and death; and this termination takes place, in a large majority of cases, notwithstanding the most energetic treatment,—in some cases depleting remedies, in others a course of stimulation—alike resisting every variety of treatment hitherto prescribed.

There is also another striking difference in these two forms of the disease. I allude to the appearances disclosed by post-mortem examinations. In the sporadic form we find adhesions in various parts of the abdomen, depositions of lymph, and serum in large quantities; in the epidemic form, the traces of inflammation are less striking, in many cases

scarcely discernible, and very seldom extensive adhesions or effusions take place.

From a survey of the above facts, and other circumstances connected with the history of this form of the disease, I am led to infer that the tendency to a fatal termination is to be attributed to the malignant character of the attending fever, rather than to the local affection. If this opinion should be found, on investigation, to be based upon correct premises, it will lead to important conclusions concerning the remediate measures to be adopted. If the position we assume is correct, our remedies must not only be directed against the local affection, but especially against the depressing influence of the fever that is exhausting the nervous energies of the patient with the most fearful rapidity; and if we can find a remedy by which we can accomplish this object, we need not despair of finding remedies to subdue the peritoneal affection.

In accordance with my views of the pathology of this disease, I submit the following plan of treatment. Bleeding, when the pulse indicates it by tension, hardness or fulness; and in order to guard against prostrating the system unnecessarily, I would have the patient in a sitting posture, and allow the blood to flow until syncope takes place. Give from 20 to 40 grains of proto-chloride of mercury, with sufficient opium to retain it in the stomach twelve hours. By thus retaining it in the system, the stomach and bowels are much more thoroughly cleansed than when it is hurried through in one fourth or half that time. The system is also much better prepared for the administration of other appropriate remedies. Another object in giving a free dose, and retaining it, is to allay hepatic irritation, which, if it proceeds, aggravates all the symptoms in the secondary stages by profuse secretion of bile, and the uncontrollable vomitings which inevitably follow, precluding the possibility of affording relief, from the fact that nothing can be retained in the stomach. At the end of twelve hours, if calomel does not move the bowels, use castor oil or warm water enema. After the operation, continue calomel in small doses, with Dover's powder every two or four hours, as the urgency of the case should indicate.

I would also commence immediately with Fowler's solution, in as large doses as can be retained without vomiting; and if the stomach is irritable, give it by enema. I thus endeavor to bring the system under its influence as soon as possible, say the first thirty-six or forty-eight hours. In malignant forms of fever, the arsenic is the most potent remedy we possess, and I confidently believe promises more in this disease than all other articles of the materia medica put together. I would not, however, depend on it alone, but perseveringly use with it the means recommended above, and also external applications; and these may be blisters, or tinct. cantharides mixed with oil of terebinth. continued until extensive vesication or amelioration of the symptoms. The lower extremities should be frequently immersed in a mustard bath; if this fails to keep up warmth and free circulation, apply blisters to the inner ankles. Diet—barley water, rice and animal broths, at first weak, afterwards stronger.

ROBERT KELSEY.

West Henrietta, N. Y., May 27, 1840.

MEDICAL REMINISCENCES.—NO. IX.

[Communicated for the Boston Medical and Surgical Journal.]

DOCTOR JAMES HURLBUT, a physician of pre-eminent talents and high reputation in Connecticut, was born in Berlin in the year 1717. Of his early life and history little is known. What was his preparatory education, or with whom he studied his profession, we have been able to obtain no certain information. He probably gained, in the course of his early life, some knowledge of the Latin language, if not of the Greek and Hebrew tongues. A single fact is recorded on this subject by an intimate friend, who speaking with him of the advantages which clergymen have of obtaining the true import of the Bible by reason of their knowledge of the languages in which it was originally written, "Dr. H. remarked that he had read the scriptures in as many languages as any of them."

Dr. Hurlbut had a brother in the profession of medicine, older than himself, resident in the same town, with whom he might have studied his profession. He also had access to the library of the elder Dr. Osborn, where he became acquainted with the works of the celebrated Dr. Boerhaave, which he greatly admired, studied with diligence, and much of which he committed to memory. He was, however, principally indebted to the force of his own genius for the distinguished reputation which he attained in his profession. He was truly a self-taught man. His reading was extensive and accurate, and he was a close observer. This, united to his natural sagacity and strength of mind, enabled him to take high rank amongst his contemporaries, and to secure, to a remarkable extent, the confidence of the public, by whom he was considered a medical oracle. Dr. H.'s reading and knowledge was not exclusively devoted to the profession of medicine; he examined with great diligence into the subjects of mental and natural philosophy, was a thorough scholar in theology, and a shrewd and able controversialist, although it is believed that he had no fixed principles of his own on religious subjects. Locke on the Human Understanding, Boerhaave and Sydenham in medicine, and Bishop Sherlock and Foster in divinity and morals, were his favorite authors. The mechanical sciences also received a share of his attention, particularly architecture. One of the ablest architects in the country, who lived near him, admitted his indebtedness to him for many important suggestions in this department of knowledge.

In his person Dr. Hurlbut was tall, well proportioned, bony and muscular; his complexion was dark, his eye black, very sharp and intelligent. In early life his appearance comported with the conspicuousness of his station; he acquired considerable property, owned a house, and possessed a valuable and handsome library of books, professional and philosophical. His book-case now stands in the house which he formerly owned and occupied. An informant says that he possesses some large and valuable books, taken by an officer on attachment of Dr. H.'s property, upon the decline of his fortune. He had no economy, set no value upon money, was prodigal and profligate in his declining years, and he of course became destitute and finally dependent. In the latter

part of his life his appearance was that of a vagrant. A respectable patient of his once remarked, "that he never knew so much good sense under a bundle of rags." He could not ride on horse-back, as he said, in consequence of a disease of his leg, which was very troublesome and painful, and for many years walked with his staff to visit his patients. It is also said, that he once consulted a fortune-teller as to the mode of his death, and was told that he would be killed by a fall from a horse. A very natural prediction of one of habits so intemperate. As the story goes, he determined that this prediction should not prove true, and he never afterwards rode on horse-back.

The early practice of Dr. Hurlbut was in Berlin, his native town; he afterwards moved to Wallingford, in Connecticut, and removed to Berlin many years before his death, where he continued till 1789, in November of which year his wife died. After this event he resided most of his time in Wethersfield, an adjoining town, where he had much business, spending most of his time with the sick, and in the houses of his early friends. His last sickness was in Wethersfield, where he died in the house of one of his early patrons, of a lingering illness, April 11th, 1794, at the advanced age of 77 years. Many of the respectable inhabitants of the town, assisted by the public authorities, contributed to his comfort in this season of affliction and poverty; by them he was also decently buried in the churchyard of the village, all the expenses of which were in like manner defrayed.

In the meridian of his medical fame Dr. Hurlbut had many students, some of whom arrived at great distinction in the profession. Of these, Drs. Seth Bird, and Hosea Hurlbut, his nephew, were the most conspicuous. Drs. John Cook, of Southington; Amos Gridley, of Berlin; Samuel Hurlbut, another nephew; James Potter, of New Fairfield, afterwards president of the Connecticut Medical Society; Dr. Winchel, of Berlin, and others, are named as having been favored with his instructions.

The mind of Dr. Hurlbut was eccentric, but singularly acute and discriminating. His memory was uncommonly tenacious; he never forgot what he read, or heard, or saw. He was remarkably inquisitive. Mingling with all classes of society, to learn whatever could be known, he accumulated a fund of facts and a mass of knowledge, which he was able to impart to others on almost every subject. It was said of him, that after reading a pamphlet, or hearing a sermon, he would repeat the whole or most of it.

As a physician Dr. Hurlbut bore the title of one of the fathers of medicine in his native State. By those who well knew his powers he has been said to be equal to Dr. Cullen, or any of the learned and eminent physicians of this country that were his cotemporaries. Speaking of Bird, Perry, Potter, and other eminent physicians of Connecticut, a distinguished medical writer* says, "but Hurlbut was the greatest man of all; he understood some subjects connected with the practice of medicine, better, perhaps, than any man in the whole world."

In his intercourse with his brethren, he was overbearing and dogmati-

* Dr. Thomas Miner.

cal. His opinions were not to be questioned, nor his prescriptions opposed, by any one. If the physician who called him in consultation, or the friends of the patient, deviated in the least from his directions, he would often take a sudden departure, without giving a single reason.

His manner with the sick was that of close observation and minute attention to every symptom and every change. He was very particular in examining the pulse, and wished to do it repeatedly before he prescribed. He often remained a whole day in the house of his patient, before he gave an opinion, or made a prescription. In the latter part of his life, in particular, he was very attentive to his patients. He would devote his whole time to one individual, if he got deeply interested in his case, and no entreaty would induce him to relinquish his constant care and watchfulness. Indeed he was often sent for from a distance to stay by his patient till the event of the case should be known. He examined, reflected and read till almost all the phases and changes of disease were familiar to him, and his prognosis was so accurate as to give to the public an impression that he had the gift of prophecy or foreknowledge. He paid great attention to critical days in acute diseases, on which the accuracy of his prognosis might greatly depend.

Dr. Hurlbut had a high respect for the learned professions, and particularly for the respectable members of his own, but an utter contempt for the ignorant, and a detestation of quackery in all its forms. Many of his prescriptions can be found amongst his early employers. Many of his former patients venerate his name, and quote his opinions. Some of his recipes still visit the apothecaries' shops, and are held in high estimation after the lapse of half a century.

Dr. Hurlbut's knowledge of indigenous *materia medica* was, perhaps, superior to that of any physician of his time in this country. The sanguinaria, the *geranium maculatum*, the different species of *asclepias*, the *stramonium*, the *podophyllum*, the *veratrum*, the different species and varieties of the *cornus*, *potentilla*, &c., were the common articles of his prescription.

The following relation from Dr. Sheldon, of Litchfield, Ct., shows his almost intuitive knowledge of disease. A very respectable lady was ill under the care of three eminent physicians (two of whom were Drs. Bird and Hopkins), of what they considered to be pulmonary consumption. Under their treatment she grew worse continually, and it was proposed to consult Dr. Hurlbut by letter. The symptoms of the case were detailed with great accuracy and minuteness, and the remedies that had been used were also stated with care. Dr. Hurlbut examined the statement with his usual attention and sagacity, and decided that they had mistaken the disease, declaring it to be rheumatism, and prescribing for that disease such medicines as he supposed might be efficacious in the case. Upon the change of plan the young lady soon improved and rapidly recovered.

Connected with the name of Dr. Hurlbut everywhere, is known his intemperate use of ardent spirits and opium, in the latter period of his life. He would not look at his patient, when consulted, at this period of his life, unless he had an adequate supply of spirits placed in his entire con-

trol, so that he might use it as he chose. "A square bottle of rum" was considered to be his daily ration. He took frequent small drinks, and swallowed at the same time enormous quantities of opium. For many years all the avails of his practice were spent in the purchase of this drug. He was rarely intoxicated; and when so much under the influence of these narcotics as not to be able to stand, his mind would generally appear clear and his judgment unaffected. When in the attire of a vagrant he walked about, supported by his staff, lame and miserable, if his attention was turned to any medical or philosophical subjects he would exhibit such resources of information, such powers of eloquence, and such judicious and sensible views, as would astonish all his auditors, and particularly strangers.

Such was Dr. James Hurlbut. A greater genius could not be found in the ranks of the profession during the last century. He was a man, the bright side of whose character exhibited a lustre in science and original conceptions of mind that would have done honor to the brightest ornaments of European fame; tarnished, on the other, by indulgence in the grossest vice, sunk down by it to poverty and wretchedness, to a dependence upon public charity, and at last dying without leaving the means of sepulchre, and now lying without a monument to tell us where.

Worcester, March, 1840.

S. B. W.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following are some of the proceedings of the New Hampshire Medical Society, at its late annual meeting. JAMES B. ABBOTT,

Boscawen, N. H., June 12, 1840.

Secretary.

This Society held its 49th anniversary at the Phoenix Hotel, in Concord, on Tuesday and Wednesday, the 2d and 3d insts. The following gentlemen were elected officers of the Society for the ensuing year:

Luke Howe, M.D., Jaffrey, *President*; Dixie Crosby, M.D., Hanover, *Vice President*; James B. Abbott, M.D., Boscawen, *Secretary*; Eliphalet K. Webster, M.D., Hill, *Treasurer*.

Counsellors.—John S. Elliot, M.D., Pittsfield, Ezra Carter, M.D., Concord, *Centre Dist.*; John S. Fernald, M.D., Barrington, Richard Russel, M.D., Wakefield, *Strafford Dist.*; Richard Williams, M.D., Milford, Micah Eldridge, M.D., Nashua, *Southern Dist.*; Edward B. Moore, M.D., Epping, Josiah Bartlett, M.D., Stratham, *Rockingham Dist.*; James Batcheller, M.D., Marlborough, John B. Dousman, M.D., Keene, *Western Dist.*

Censors.—Timothy Haynes, M.D., Concord, Hezekiah Eldridge, M.D., Pembroke, *Centre Dist.*; Joseph H. Smith, M.D., Dover, John P. Elkins, M.D., New Durham, *Strafford Dist.*; Francis P. Fitch, M.D., New Boston, Noah Hardy, M.D., Hollis, *Southern Dist.*; Ezra B. Gale, M.D., Kingston, William Brown, M.D., Chester, *Rockingham Dist.*; Amos Twitchell, M.D., Keene, Asahel D. Shurtleff, M.D., Rindge, *Western Dist.*

Josiah Bartlett, M.D., Stratham, Micah Eldridge, M.D., Nashua, *Delegates to the Examinations at Hanover*. Josiah Crosby, M.D., Meredith, Francis P. Fitch, M.D., New Boston, *Orators for 1841*.

Committee of Correspondence.—Charles P. Gage, M.D., Concord, for *Centre Dist.*; John P. Elkins, M.D., New Durham, *Strafford Dist.*; Francis P. Fitch, M.D., New Boston, *Southern Dist.*; Josiah Bartlett, M.D., Stratham, *Rockingham Dist.*; James Batcheller, M.D., Marlborough, *West. Dist.*; Dixie Crosby, M.D., Hanover, *Grafton Dist.*

Prof. Reuben D. Mussey, M.D., of Cincinnati, Ohio, and Prof. O. P. Hubbard, M.D., of Hanover, were elected honorary members.

The following gentlemen were elected Fellows of the Society, viz.—Moses T. Willard, M.D., *Concord*; Hanover Dickey, M.D., *Epsom*; Charles P. Gage, M.D., *Concord*; William W. Proctor, M.D., *Hill*; Joseph Gould, M.D., *Gilmanton*; Horace Gage, M.D., *Hopkinton*; Jacob S. Eaton, M.D., *Bristol*; Benjamin E. Sawyer, M.D., *Boscawen*; Amos G. Gale, M.D., *Hooksett*; William Brown, M.D., *Chester*; Josiah C. Eastman, M.D., *Hampstead*; Dr. James A. Tilton, *Chichester*; Alonzo F. Carr, M.D., *Goffstown*; Warren E. Chase, M.D., *Boscawen*; Ezra B. Gale, M.D., *Kingston*; and Moody C. Sawyer, M.D., *Bristol*.

A dissertation was read by the president, Dr. E. Hoyt, upon Medical Science in New Hampshire, embracing a historical view of that science from the first settlement of the State to the present time; in which were embodied a multitude of highly interesting statistical facts, which must have been the result of much labor and close investigation. Two other valuable dissertations were read, one by Dr. Howe, of Jaffrey, the other by Dr. Batcheller, of Marlborough.

A greater number of Fellows were present than at any former meeting of the Society since its first organization, and there probably has never been a time when its prospects were more encouraging.

FOREIGN SUBSTANCE IN THE TRACHEA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Being on a visit in Westfield, New England, I called upon a friend, who showed me a fragment of a butternut shell one fourth of an inch in length, and one half inch in circumference, somewhat of an oblong form, which was coughed up by a child from the trachea or pharynx, after being there from the 31st of Dec., 1839, to the 6th of June, 1840. Its mother said that the child strangled when first taken unwell. The next day difficulty in breathing commenced, which continued for most of the time until the foreign body was expelled. A membranous substance formed around it, which prevented some amount of irritation. The child is now about 17 months old, has been sick all winter, supposed to have been afflicted with an inflammatory complaint of the lungs or throat. It is an interesting case, showing how foreign bodies may continue for some time in the trachea, without producing fatal disease.

I recollect, a few years since, seeing a child which expelled a piece of

the skin of a pumpkin seed, after it had been swallowed six weeks, and during which time the child was nearly suffocated every night.

You may make such use of these facts as you choose.

Yours, &c. CHARLES SMITH, *from Lyme, Ohio.*

CHRONIC DIARRHŒA.—ULCERATION OF THE RECTUM.

It not unfrequently happens that a person, laboring under chronic diarrhœa, comes to consult a medical practitioner, and tells him that he has been suffering from this complaint for months, that he has eight or nine discharges by stool in the day, and that he has been under the care of five or six doctors in succession, without any benefit. Well, you are determined to have your trial, too, and you commence operations by putting him on full doses of acetate of lead. After a week or a fortnight, he comes back and tells you he is not a bit better. You then try turpentine or balsam of copaiva—no use. Nitrate of silver—the same result. The man gets tired of you in turn, and perhaps goes to a surgeon to ask his advice. The surgeon examines the rectum carefully, and finds, at a short distance from the anus, an ulcer, which he immediately touches with a strong solution of nitrate of silver. The ulcer begins to heal, the irritation of the gut ceases, and the diarrhœa goes off. The surgeon is extolled to the skies, and the doctors disgraced forever in the opinion of the patient. Now this is not an uncommon case. I have seen several instances of it, and I must tell you I was once mistaken in this way myself. These ulcers are situated close to the verge of the anus; they occur chiefly in persons of broken-down constitution, and those who have taken a great deal of mercury. They produce irritation in the colon, tenesmus, griping, frequent discharges by stool, and most commonly, during the straining, a little blood is passed. During the course of last summer, I treated a soldier for this affection, who had been discharged from the East India Company's service (as was stated in his discharge) for incurable dysentery. I examined the rectum, and finding some ulcers close to the anus, had them touched with the nitrate of silver. Under this treatment a rapid amendment took place, and in the space of three weeks the man was discharged, quite cured. Now, are you to make this examination in every case? I believe you will act rightly in doing so in every case of chronic diarrhœa in the male, but the examination is absolutely necessary in all cases under the following circumstances: first, when the diarrhœa has been of long standing; second, when it has resisted a great variety of treatment; third, when it has been combined with tenesmus and a desire for sitting on the night-chair after a stool has been passed, showing irritability of the lower part of the great intestine; and, lastly, when the patient's health does not appear to be so much affected as it naturally should be, where there was long-continued disease of a large portion of the great intestine. A patient will come to consult you, who will inform you that he has had eight or ten alvine evacuations every day for the last six months, and yet he eats heartily and looks quite well. Under these circumstances, the cause of the diar-

rhœa will generally be found to be ulceration of limited extent low down the tube, and capable of being quickly and effectually removed by a strong solution of the nitrate of silver.—*Dr. Stokes.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1840.

MEDICAL INSTITUTIONS OF PHILADELPHIA.

THOSE who have not visited Philadelphia can have no just conception of the magnitude of the schools of medicine in that city, and the collateral institutions which are intimately connected with them. These institutions must have the ascendancy over all northern or western schools, notwithstanding the apparent permanency of some of the latter. In the first place, the location is advantageous. Again, in the course of many prosperous years, whatever is essential to possess, with reference to public medical instruction, has been provided. Finally, having, from the first day of the organization of the medical department of the University, been fortunate in the selection of men of genius, courtesy, and high intellectual endowments, the trustees have raised it from small beginnings to be the first on this Continent.

It was quite generally believed that the creation of a second school in the same city, would assuredly weaken the authority of the first, and diminish the revenue arising from its students. Contrary, however, to all theorising, by increasing the accommodations, pupils began to multiply. Step by step, apparently without any great exertion, there has been a steady annual increase, very complimentary to the faculty of each institution, besides being exceedingly profitable. Instead of the jealousy of neighboring institutions, devoted to the same purpose, being excited, they ought to be gratified at the transcendent success of the Philadelphia schools. Were it not for a ruinous policy practised in some of the medical colleges in the United States, they would have exerted a far greater degree of influence, besides permanently bettering the condition of their finances. Let it not be supposed that we would have any of our New England schools of medicine suppressed: no, we would have them retain the chairs and pay them well. Starving out professors is no way to develop science. The security which an incumbent of a chair in Philadelphia feels, gives him leisure for being civil—and those who are so, with other requisite qualifications, invariably succeed the best in any laudable undertaking.

There are persons who fully believe that most of the schools have been established by a clique of adventurers, solely with a view to private emolument. It sometimes must follow, if such is the case, that some of the medical managers are better financiers than lecturers. Where matters stand thus, the public soon discover the internal structure of the machinery, and place little confidence in a faculty wholly made up of professional schemers. After dragging through a few prosperous years, the contingent expenses begin to outbalance the income. A manifestation of discontent is exhibited in those who hoped the strongest and pocketed the least. Resignations succeed disappointments. Vacancies are filled by an obedient

board of trustees, at the express instance of those who are clinging to the wreck. They invariably manage to have no man elected to a vacant chair whom they have the least reason for supposing to be more brilliant or talented than themselves. Although the new comer is considered a merry-andrew, whose wires are to be pulled to suit private convenience, it is bruited about that an accession is made to the old galaxy of fixed science, in the elevation of a new professor, of immense consequence to the community. Thus misrepresentation and dishonesty of purpose become apparent. Such, we are assured by lookers-on, has been the way in which some medical institutions are conducted. Personally, we have no knowledge on the subject. But it is easily discovered, if this plan of operation is pursued, why those which practise it are languishing for want of sustenance, or dying a protracted death.

In Philadelphia, there is a stability impressed upon the medical schools. Great industry is appreciated, and talents essential to their increasing reputation are liberally sustained. A dunce is not stereotyped in office, but those who are qualified to conduct a department never lose their hold upon the public confidence. This is the secret of the great power of the Philadelphia schools of medicine and surgery. The more closely we have examined them and the facilities they offer, and that, too, in connection with the public sentiment through two thirds of the States in the Union, the more we are led to believe that the period is coming when a majority of the practitioners of this country will be educated at Philadelphia. However, we shall again revert to the subject, and endeavor to show why students do not visit New England in greater numbers, since the advantages here are equal to those possessed by the most favored schools of medicine in America.

Cure of Squinting.—Since the new remedy for club-feet, by the division of the tendo-Achillis, has been brought into extensive practice, it has been found that various other deformities are susceptible of relief or entire removal by dividing the tendons or muscles implicated. Professor Diefenbach has been successful in curing strabismus, or squinting, by dividing the internal rectus muscle. The operation has also been performed by other surgeons, and apparently with satisfactory results. The following case is related, with others, in the London Lancet, by P. Bennett Lucas, Esq., of London.

April 21, 1840.—Mr. Crossland, aged 21, was born with his eyes straight. At Montreal, when five years of age, he was watching the return of his father from business at a time when a large quantity of snow was on the ground, the glare of light from which he observed to be very offensive, and was instantly seized with strabismus convergens of the left eye. He was quite unconscious of any deformity having occurred until his friends remarked it to him. He was subjected to various kinds of medical treatment, and wore goggles. The summer following his eye got straight; but when the winter returned, it again became inverted, and has remained so to this date.

Present appearance.—The eye is turned deeply into the inner canthus. When the right eye is covered the patient can turn the affected eye half way outwards; but when both eyes are exposed, it instantaneously resumes its abnormal condition.

Mr. C. has been subject to headaches, reads a great deal, and for the

last two years has been living on vegetable diet, for the cure of a cutaneous affection. In the presence, and with the assistance, of Dr. Carroll, Mr. Toogood Downing, Mr. Wardrop, Jr. and Mr. H. Downing, I performed the following operation:—A bandage was applied to the sound eye, to exclude the light, and the patient was seated on a low-backed chair, before the window, and his head reclined against Mr. Downing's chest, who also supported the upper eyelid, by means of the wire speculum. Mr. Wardrop, Jr. depressed the lower lid. The patient, who possessed great moral strength, everted the turned-in eye to his utmost, and with the greatest facility I introduced a small, fine-pointed hook into the inner conjunctiva, about three lines distance from the cornea, and with a very fine, straight knife I divided this membrane from below upwards, to the extent of half an inch, leaving the hook still attached to the inner segment of the incision. I next separated the divided inner portion of the conjunctiva from the subjacent sclerotic coat by means of a blunt probe, and having introduced between the lips of the incision the bent probe, I parted it underneath the tendon of the internal rectus muscle. The hook was now withdrawn, and the operation was suspended for a moment. I next raised the tendon by means of the bent probe towards the incision of the conjunctiva, so as completely to bring it into view, and with a curved scissors divided it. The eye immediately resumed its natural position. The hæmorrhage did not amount to so much as two drops, and the operation was completed in a minute and a half. R. Calomel, 2 grs. ; James's powder, 3 grs. A saline draught in the morning.

22. The inner conjunctiva is slightly ecchymosed ; the eye is perfectly straight. Mr. Crossland had a good night.

24. Ecchymosis of conjunctiva is disappearing. The state of the patient is most satisfactory.

26. The patient is in every respect going on well ; he suffers no pain in the eye ; the inner conjunctiva is still reddened, and a layer of lymph exists in the site of the incision ; the redness evidently exists for the purpose of reparation, which is going on beautifully, as the patient was not aware of its existence until he saw it by means of a glass. He goes to business to-morrow.

Thoracic Affections of Early Life.—Inflammation of the lungs, hooping cough and croup, carry off a large portion of the infantile population ; and it appears that this class of complaints has become much more common in proportion as the encephalic disorders of early life have diminished. The decrease of some disorders, and the increase of others pathologically allied to them, is a very curious and interesting subject of investigation. Statistics teach us how closely allied are the sources and the forms of disease by which the infantile population is often carried off ; they warn us that time is often wasted in the too carefully distinguishing between the disorders of the head, chest and stomach, which affect this period of life. It should be remembered that all these disorders have a common origin in the original delicacy of the young frame, and that very trifling circumstances serve mutually to convert the one into the other.

The thoracic affections seldom appear in the old mortality tables of London previous to 1700. In 1837 there fell victims to these diseases 3260 persons ; and in 1838, 3692. Of those who have fallen victims to them in 1840, 383 are below 15, and 148 above 15, or nearly as 5 to 2.

It seems probable that thoracic complaints occur at a later period of life than the encephalic. When one avenue to death is closed, another is necessarily opened; hence we may see why vaccination increases the amount of deaths at periods of life subsequent to that at which smallpox used to carry off children. This has been denied, but it is strictly correct. Croup, though a very fatal, is not a very frequent malady. The total deaths by croup in London in 1827, were 124; 1829, 123; 1833, 151; 1837, 300; 1838, 364. Total in England and Wales, 1837-8, 3310.—*Dr. Gregory.*

Diseased Liver.—Mr. Macilwain showed, at a late meeting of the London Medico-Chirurgical Society, a small portion of a liver, which he considered to have become diseased in consequence of the patient from whom it was taken having been frequently and violently salivated for supposed syphilis. The portion of liver was exhibited in a small bottle, and appeared of the consistence of leather.

Dr. Henry Lee recollected that M. Gallois used to relate two cases in his lectures in which the liver had become of the consistence of leather in two men, who, during the first revolution in France, had taken so active a part in the stormy proceedings of that period, as to allow themselves scarcely any time for eating, drinking or sleeping. Both died suddenly. In addition to the affection of the liver, the spleen was also very much enlarged.—*London Lancet.*

Hydatids of the Lung.—Mr. Bainbridge also showed, at the same meeting, the lungs of a patient who had died with the symptoms of peripneumonia; after death, the right lung was found to contain large cysts, filled with about two quarts of serum. Several small hydatids were visible in various parts of the lung.

The patient, a male, had suffered from symptoms of thoracic disease many months before death; but at one time got apparently much better, after venesection and salivation. He had a fresh attack shortly before death, which treatment did not relieve, and he died suddenly.—*Ibid.*

New Marine Hospital.—A board of medical officers, consisting of Surgeons Mower and Heiskell, and Assistant Surgeon Day, are ordered to meet at Pittsburg, Penn., on the 15th of July, for the purpose of selecting a site for the erection of a new marine hospital, somewhere on the Upper Ohio.

Health of Boston.—Last week the number of deaths in Boston was only *thirteen*—the smallest weekly bill of mortality we remember ever having seen in this city.

MARRIED,—At East Granby, Ct., Dr. Joseph P. Converse, of Enfield, to Miss Mary Cornish.

DIED,—At Middlebury, Vt., Ralph Gowdey, M.D., Professor of Medical Jurisprudence in the Vermont Academy of Medicine, aged 38.

Number of deaths in Boston for the week ending June 20, 13.—Males, 5—females, 8.—Stillborn, 3.
Of consumption, 3—hemorrhage of the lungs, 1—lung fever, 1—scarlet fever, 2—delirium tremens, 1—poison, 1—teething, 1—infantile, 1—asthma, 1.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

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TO THE MEDICAL PROFESSION.

THE subscribers propose to issue, early in the summer, the first number of a Monthly Journal to be entitled "THE NEW-ENGLAND JOURNAL OF PRACTICAL MEDICINE AND SURGERY."

The Journal will contain original articles from writers of established reputation: critical notices of new medical works; selected articles of interest and value from contemporary journals, foreign and domestic; and the latest general intelligence in medical and surgical science.

It is contemplated, so far as possible, to render available to the profession, through the columns of this Journal, the valuable information that may be obtained from the various public institutions in this city and vicinity; and every exertion will be made to render the Journal of practical value to its readers.

As there is at present but one Medical Journal in New England it has been thought probable that another, conducted upon the above plan, would meet with encouragement and support. Should it meet with your favor an early subscription is respectfully solicited.

The publishers have engaged as editors of the Journal, H. G. Wiley, M.D., and B. E. Cotting, M.D., who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city.

The editors and publishers pledge themselves that no exertions on their part shall be wanting to render it worthy of the confidence and encouragement of the profession.

Each No. will contain 60 pages octavo, to be printed in a handsome manner, and on good paper, at \$3.00 per annum.

Boston, June, 1840.

June 24—3t

OTIS, BROADERS & CO.,
No. 120 Washington street.

DR. JOHN DELAMATER, late Professor in the College of Physicians and Surgeons at Fairfield, N. Y., begs leave to announce his location at Saratoga Springs for the practice of physic and surgery; and that he may be found directly opposite the Columbian Hotel, Broadway, at the office of Dr. M. L. North, with whom he has formed a professional partnership.

Saratoga Springs, June 8, 1840.

June 24—3t

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures in this institution will commence on the first Thursday, 6th of August, 1840, and continue thirteen weeks.

Fee for the whole course, \$50. Fee for those who have already attended two full courses, \$10. Graduation fee, \$18.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Principles and Practice of Surgery, by	- - -	WILLARD PARKER, M.D.
General and Pathological Anatomy, by	- - -	ROBERT WATTS, JR., M.D.
Chemistry, Materia Medica, and Jurisprudence, by	- - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - -	ROBERT NELSON, M.D.

The Berkshire Medical Institution has been in operation about twenty years, and has been liberally patronised by the public. It has ever been the object of the trustees to make the advantages offered to students, by this School, correspond with the rapidly improving state of medical science.

Pittsfield, Mass., May, 1840.

June 20—1A

PARKER L. HALL, Sec'y.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, JULY 1, 1840.

No. 21.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When a stranger presumes to trespass upon your time, an apology, if not called for, will at least not be considered superfluous. Certainly it becomes him to “show cause wherefore” he claims to be heard. You will pardon me, however, if I remark that for the present communication the only apology I have to offer, and the only “cause wherefore” that I shall urge, are at once found in the unique features of the case I herewith transmit. The valued work on tumors by Dr. Warren, I have not had the pleasure of perusing; but in the splendid production of Prof. Gross, and other works on pathological anatomy, as well as in several monographs on diseases of the uterus, I have in vain looked for a case corresponding, in many of its particulars, with the one already alluded to. Admitting, however, that many cases even, of which my limited reading has not informed me, have been reported, differing in none of their essential features from the annexed case, we should still be in want of a valid reason for writing over the present, *requiescet in umbra*. For, according to the Baconian philosophy, upon whose broad and unshaken basis we are proud to boast rests the science of our art, it is only after we have patiently collected together a mass of *facts* that we are at all justifiable in framing theories on any subject, or that we can in any way arrive at fixed principles in any science. In this view of the subject, you will pardon me for intruding upon your notice the following case of

OSTEO-SARCOMATOUS AND FIBROUS TUMORS OF THE UTERUS.

E. C., a maiden lady, æt. 60, of full habit, and temperament bordering strongly on the sanguineous, was on the 8th ult. seized with a paroxysm of violent pain in the stomach, and died very suddenly.

From the history of the case it appears that for many years previous to her decease she had been subject to these attacks of pain, which often were most excruciating. She had resorted to many physicians for relief, without experiencing the least permanent benefit. In the diagnosis of her disease no two of her medical advisers could agree. While one pronounced it gastritis, another said the spleen was in fault; the third affirmed that she had “water about the heart,” while the patient herself, during these conflicting opinions, remained unshaken in her belief, and as confidently as ever averred, that she had “a worm in her stomach”!

A few days antecedent to her last struggle, she fractured the os femoris of the left side at its lower third. The fracture was dressed by her physician, residing in a neighboring town, and, for aught that is known to the contrary, was doing well. She complained very little of pain in her limb, but the uneasiness and distress in her stomach, with which she had been afflicted during the latter period of her life, was now increased tenfold—owing, as she said, to her being confined to her back—a position she had not been able to assume for many years. The night previous to her last attack, she rested tolerably, and in the morning appeared about as well as usual. She, however, took little nourishment at breakfast, and said she believed she was “not as well.” Not many hours after, she was attacked with a paroxysm of very violent pain in the stomach and epigastric region, with strangling and great distress. The attendants became alarmed, and soon she was heard to exclaim, “I am dying, I am dying.” I was riding by the house, which was situated some little distance from the road, about this time, and being seen by the family a messenger on horseback immediately came in pursuit. He soon overtook me, and together we hastened back to the house. But when we arrived, the weeping eyes at the door spoke a language that could not be misinterpreted—the spirit of the sufferer had departed. Not more than 15 or 20 minutes could have elapsed from the commencement of the attack until she breathed her last. Being convinced that the vital spark had become extinct, no efforts were made at resuscitation. Thus much for the history of the case.

Autopsy, 24 Hours after Death.—Being exceedingly anxious to ascertain all that the scalpel could reveal of a disease which hitherto had bid defiance to all diagnosis, and only mocked at every attempt the physician had made to arrest its progress, Dr. Merrill and myself repaired to the house on the day following, for an autopsic examination.

On the external surface nothing remarkable presented itself. The more depending parts exhibited a livid appearance, bordering on sugillation, probably the effect of gravity in the circulating fluid—caused in part, perhaps, by incipient putrefaction. The abdomen was a little tympanitic, though not remarkably so—while the whole exterior gave the appearance of a thick cushion of fat interposed between the muscular and dermoid tissues. The thorax sounded well on percussion, and by a simple inspection of the body, as it lay before us, no traces of disease could be discovered.

As no serious difficulty had ever been complained of in the head, the cerebral organs were not examined. We proceeded then, at once, to lay open the thorax. The lungs appeared healthy, but on removing them from their appropriate cavities, the inferior lobes of both the right and left sides presented a high state of venous engorgement. On cutting into this portion of the lungs, large quantities of venous blood followed the incisions of the knife, although the lungs throughout were crepitous and exhibited no appearance of disease. The pericardium being laid open, no morbid appearance was observable; if there had been water “about the heart,” it had now, at least, disappeared, for the quantity of serous fluid in this cavity differed not from that usually ob-

served. The right cavities of the heart were somewhat distended with venous blood, the left entirely empty. The auriculo-ventricular and semi-lunar valves of both sides of the heart were in a healthy condition. In fine, not the slightest traces of disease could be discovered in any of the thoracic viscera.

The abdominal cavity was next laid open, and we proceeded to examine minutely the organ which had borne so large a share of blame, as producing the suffering which, for such a series of years, had been complained of. But the slightest traces of disease only could be discovered in this much-blamed organ. In size it differed nothing from its normal state—whilst its peritoneal coat, and indeed its whole exterior appearance, gave the idea of perfect health. The stomach was next detached from the œsophagus above, and the duodenum at its pyloric extremity, and removed from the body. On laying open its walls we were not at all disappointed in finding the “worm” after the same manner that we had the water in the pericardium—at any rate, if the viper had inhabited this cavity for a dozen or fifteen years, it had now forsaken its domicile! The villous coat was somewhat thickened throughout its entire extent, and in its structure presented slight traces of sub-inflammation—these changes were particularly about the valve and in the neighborhood of the pylorus.

The *liver*, in its general appearance and minute structure, was perfectly healthy—there were no calculous deposits or any obstruction in either the cystic or hepatic ducts, for a probe could be passed into either of these cavities through the ductus communis choledochus. The spleen was somewhat indurated, and perhaps a little enlarged. The pancreas perfectly healthy. The kidneys gave not even the slightest indication that they had ever been the seat of morbid action.

Thus far, then, we had entirely failed in finding in the pathological condition of our patient the least explanation of the remarkable physiological phenomena noticed in the beginning of our inquiry. Nor were we any more successful as we cursorily passed over the duodenum, the jejunum, the ilium and colon, in rapid succession. And it was not until the pelvic viscera were exposed, that anything like a serious departure from the healthy condition was observed. The two great emunctories of this cavity were in an entirely normal condition, neither the bladder nor the rectum betraying any marks of disease. But not so with the uterus. In this organ, if we did not at once find the *fons et origo* of the whole difficulty, we discovered at least good reason why there might have been serious difficulty during life. Attached to the fundus of the womb, by a peduncle of perhaps an inch in length, and thus permitting it to float among the pelvic viscera, we found a tumor of about the size of a small orange. Its surface presented a somewhat lobulated appearance—the footstalk connecting it to the uterus, as well as the external covering of the tumor, was of a sero-fibrous texture, highly vascular, and formed by an elongation of the peritoneal coat of the womb. In figure, the tumor resembled pretty nearly an irregular oblate spheroid, compressed in the centre. Its weight, 3 ii.—3 ix. av., and when sawn asunder, its diameters measured $1\frac{3}{4}$ and $2\frac{1}{4}$ inch nearly. Its minute

structure was osteo-sarcomatous, observing a honey-comb-like arrangement; and if we imagine the comb made of bone and its cells filled up with a sarcomato-fibrous structure, we have a pretty accurate representation of its appearance and anatomy. The bone was hard and compact, not unlike ivory, and in many respects differed not essentially from the case of Prof. Francis, of New York; whilst in some of its features it resembled strongly that reported by the celebrated Louis, in his memoirs before the Acad. Royal Chirurg. of Paris—differing, however, from both these cases, in being attached to the fundus externally, while they had their connection with the uterine walls internally.

Besides the tumor already described, there were others of smaller dimensions and purely fibrous in their structure. One of them had its attachments immediately within the os tinæ, so as to hinder effectually

FIG. 1.

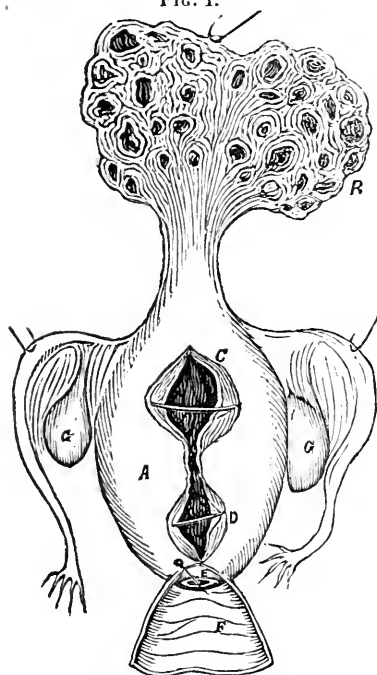


FIG. 2.



FIG. 1.—The uterus with its appendages.

A. The uterus.
B. Osteo-sarcomatous tumor attached to fundus.

C and D, Fibrous tumors in body.

E, Fibrous tumor protruding at os uteri thro' which a probe is passed.

F, Section vagina.
G, Ovaries.

FIG. 2.—A section of the osteo-sarcomatous tumor, showing its internal structure and arrangement.

a little enlarged, and presented a fibrous degeneration. A better idea, perhaps, of the size, relative situation, and attachments of the tumors above described, can be obtained by a glance at the rude sketch accompanying this paper, than could be done merely from reading the description; and should the drawing answer but in the slightest degree the end intended, I will most cheerfully submit to the imputation of being "a novice in the fine arts."

I have been thus particular, and perhaps even tedious, in the details of the case, in order to institute a few brief inquiries, which I hope will command the attention of some one of your numerous correspondents.

From all that has been said, to what particular circumstance, or com-

the introduction of even a probe, unless it was considerably bent.—Two other tumors of a similar appearance and structure were found developed in the muscular tissues of the body of this organ. Minute tubercular depositions were sprinkled over the external surface of the uterus, and throughout the entire extent of its walls was somewhat thickened and rather indurated. The ovaries were

bination of circumstances, shall we look for the cause of the sudden death in the case before us? Would the fact of the age of the patient—the nervous system receiving a shock at the time the fracture occurred, from which, in all probability, it never recovered—together with the constant and unaccustomed pressure of the tumor upon the sciatic plexus, caused by the decubitus—afford in any degree a satisfactory solution? If not, who will solve the problem? Again, will the nervous connections of the stomach and uterus, *and* the great sympathy existing between these organs, account for the suffering of the former, if we consider the extensive disease that in the present case existed in the latter? Once more—is the ground taken by Lisfranc, in his work on diseases of the uterus, tenable, when, among the exciting causes of uterine disease, he mentions "especially a life of chastity"?

In conclusion, I would beg pardon for my prolixity, while I add that the above case is entirely at your disposal. Of course you are at perfect liberty either to transfer it to the pages of your Journal, or write upon it "rejected."

Yours, most truly,

Franklin, N. H., 18th May, 1840.

DANIEL V. FOLTS, M.D.

A NEWLY-INVENTED "PORTABLE BATHING TENT."

BY J. WRIGHT WARREN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of bathing—a practice of most remote antiquity—is probably sufficiently well understood not to require any direct or explicit explanation. The *term*, however, even in our own country, and in this enlightened age, seems to have become almost an obsolete phrase, excepting, perhaps, during a few weeks of the excessively warm weather in summer, when the sultry heat of a vertical sun compels men to quit their avocations and regale themselves in Nature's grand restorative—the cool bath. It seems very singular that a practice like this, from whence the ancients derived so much benefit, and which was so constantly used by them, both as a preventive and curative measure, should thus, comparatively, have sunk into oblivion.

With regard to the utility of general and constant bathing, as a means of preserving health, or as a prophylactic against diseases, it would seem that there could be no question: its very name should carry with it *prima facie* evidence of its excellence as a luxury, and its indispensable advantages as a promoter of health.

There are numerous diseases, also, in the curation of which some one of the various baths are peculiarly applicable, and in many absolutely indispensable. But the grand desideratum, which interests alike the whole family of mankind, is the *prevention* of disease, and for this purpose we would strongly recommend it. Nothing can be more conducive to health, when vigorous, or more salutary when it is impaired, than a constant attention to the exhalations—to the state of the skin—keeping the pores

open and the surface clean and healthy : and nothing can so effectually accomplish this important object, as frequent bathing and friction.

The skin must not be regarded as a mere covering of the body, but as an organ, the healthy condition of which, is of vast importance to the well being of the whole frame, but especially to the stomach and lungs, with which it has the closest sympathy. The stomach is exquisitely sensitive ; it sympathises with every function. If the skin is neglected in its cleanliness—if the clothing is too tight over the organs of digestion—if the body be kept too warm or too cold—if an impure air be constantly breathed—it is obvious enough that the organs of life cannot go on performing their duties in a healthy manner.

Insensible perspiration, as it is called, goes on at the rate of at least 24 ounces given off from the surface of the body every day ; thus, it will readily be conceived that if this load be suddenly thrown upon the internal organs, as the lungs, &c., by checking its natural egress through the skin, in any manner, derangement of function must necessarily follow. Therefore we should beware of obliging the lungs to work for the skin ; for among the innumerable diseases of a very formidable character which are the necessary concomitants of obstructed perspiration, no one is of greater moment than that which arises from this source.

It cannot be denied that *consumption*, that master of diseases, whose insidious hand sweeps off its thousands annually, and which has so effectually signalled itself as the scourge of our climate, almost universally takes its origin from this great cause. Yea, *always*, with perhaps the single exception of cases of hereditary taint, and even then it is usually the immediate exciting cause or prompter of the lurking evil to action. In fact, the least obstruction to the exhalations of the body of such an individual, cannot be tolerated without incurring a risk proportioned to the extent of obstruction, and the constitutional liabilities of the system.

On the other hand, the mind sympathises in the most delicate and powerful manner with the nerves of organic life, in all their general affections and conditions. When they are well regulated the thoughts flow with greater ease and increased energy—the imagination becomes more vivid and vigorous—and the memory more clear and active. This delightful sympathy between the nervous system of organic life and the mind may be preserved through life ; and were all the laws of constitution and relation, which our benevolent Creator has established in our nature, properly obeyed, it would be so.

To approximate as near as possible to this desirable condition of things, requires a constant attention to our rule of life, as above premised—to our habits, diet and regimen, dress, and though last, not least, *personal cleanliness*. By such a course the blood is made to circulate with more freedom, the whole body acquires a suppleness and lightness, and the spirits gain a vivacity and flow which cannot be experienced in an equal degree by any other means.

Medicinally considered, bathing ranks among the most efficacious means by which diseases are prevented or cured. It was duly appreciated by the ancients, and with several of the most powerful and robust

nations of the present day, is almost the only remedy used. In Russia, it forms so essential a part of the system of living, that it is used by people of every age and in all circumstances, and, as a nation, they are certainly amongst the longest-lived people on the face of the earth. Mr. Tooke, in his "View of the Russian Empire," says, "Without doubt the Russians owe their longevity, their robust state of health, their little disposition to certain mortal diseases, and their happy and cheerful tempers, mostly to their baths." The ancient Greeks, Romans and Germans, as well as the Persians, Turks, and especially the modern Egyptians, also enjoy the comforts and luxuries procured by bathing, in a degree of which we can scarcely form an adequate conception. Their bagnios, or baths, are fitted up in a style and elegance, of which those who have not seen them must form a very faint idea. At Rome, during the reign of the emperors, there were not less than 870 public baths, which were all opened at the sound of a bell, and at the same hour. The Emperor Adrian found it necessary to lay a restraint upon the immoderate humor of bathing, by public edict, prohibiting all persons from bathing before the 8th hour.

Lord Chancellor Bacon, Dr. Franklin, Sir Humphrey Davy, and other sagacious observers of nature and mankind, have lamented, and certainly not without cause, that the practice of bathing has fallen into such disuse among modern nations.

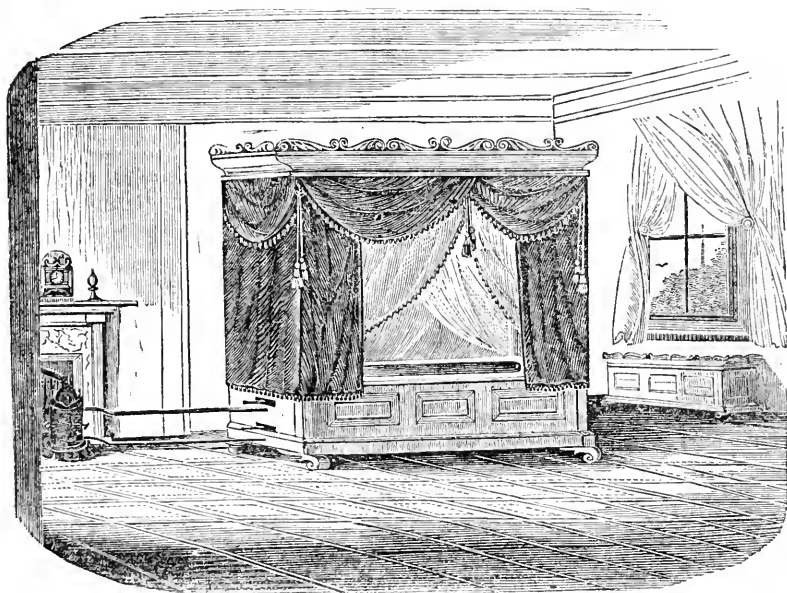
Fortunately, however, the subject appears again to be engaging the attention of the more thoughtful portion of mankind, and it is ardently to be hoped that the custom will soon be revived with all its pristine health and purity.

To facilitate this desirable object as much as possible, particularly in cities, where it is most needed, and where there are few or no domestic conveniences, the "Portable Bathing Tent" has been constructed, of which the annexed cut presents a superficial view, and which is so arranged as to afford facilities for the administration of any and every kind of bath in the same apparatus, without the least inconvenience and with very little labor. It will not occasion any dampness or other unpleasant consequences from frequent use, and is therefore rendered admissible into any dressing room, sleeping apartment, or sick chamber, as convenience or necessity may require; thereby entirely precluding the necessity of having a room set apart and exclusively devoted to such purposes, which but few, particularly in large cities, can conveniently spare. It was originally designed to supply this deficiency of bathing rooms, so universally felt, by affording every convenience in an apparatus so compact and portable as to be generally approved and adopted; and it is confidently believed that this object has been fully attained in the above arrangement, and that when its peculiar advantages become known, it will be adopted as a necessary adjunct to the dressing rooms of every family who esteem cleanliness a luxury, or health a blessing worthy of being possessed.

It is proper to begin the practice of bathing in warm weather, and to continue it through every season afterwards; but there can be no serious objection to commencing with the tepid bath at any season of the year;

and by degrees a habit may be formed, all circumstances being favorable, of taking the cold bath advantageously even in winter, in the form of douche or shower bath, &c.

A celebrated medical writer of Europe, remarks, that “Autumn is the most unhealthy quarter of the year ; because the particles of perspiration are retained in the body in a state inclining to putrefaction,” which, he adds, “is the direct cause of the large number of autumnal fevers.” Thus, by timely and seasonable ablution, these impurities, that insidiously lay in us the train to tedious and dangerous diseases, will be removed before they vitiate the blood and the juices ; and the natural perspiration, the most important of all excretions, must certainly go on better in a body constantly kept soft by bathing.



Baths, of different degrees of temperature, corresponding to the familiar terms cold, temperate, hot, vapor, &c., are suited to different and opposite states of the body. The manner of using them is also different—the time of immersion or staying in them varying according to the required quantum of impression or effect, as will be particularly noticed in treating of each.

Description, &c.—The above apparatus resembles and occupies the space of a fashionable wardrobe, and may take a corresponding place to the one usually assigned to that article in any dressing room ; or may be removed at pleasure, being completely portable—every part belonging thereto being easily packed in the tub, and the top, when annexed, forming a lid, like that of a trunk or chest, as seen in the above engraving. It possesses the greatest advantages when considered as a *fixture* in any particular room, as in that case the water may be pumped directly into the tub, at a small expense, and readily let off when used, by apparatus

connected with it. When the requisite quantity of water is in the tub for use, a *shower bath* may easily be taken, in connection with or separately from the tub bath, by working the small force-pump at the end of the tub a few moments, until the "alarm pipe" shows the receiving basin to be full; then by dropping the "protecting curtain" and pulling the cord which raises the valve, the operation is completed.

To take a *warm bath*, nothing more is necessary, in addition to what has just been mentioned, than to have a little fire placed in the stove or boiler, with a very small quantity of any combustible material, when, if the pipes are connected, the heating process will immediately commence and be kept up by the circulation between the two vessels, which may be stopped at any moment by shutting either of the stop-cocks attached to the pipes. Thus the water may be heated to any desired temperature, and used either as a tub or shower bath; as the latter being always taken from the tub, may also be warmed, if necessary.

To take a *vapor bath*, it is only necessary to shut the lower pipe, when the water in the boiler, being cut off from the circulation, must necessarily pass off in the form of vapor or steam through the upper pipe into the tent which encloses the bather. For *medicating* the vapor, any oils, essences or tinctures may be placed in the cup near the pump, and by loosing the screw stop in the centre, the contents are made to unite with the vapor as it passes, and—to say no more—affords a very agreeable perfume. There is also an elastic tube or pipe, to be attached, when used, to the end of the upper pipe of the tub, the other end of which is guided by the hand to convey the vapor or steam to any part of the system; and which is found to be both agreeable and useful in a variety of cases.

Finally, the above arrangement is believed to be as nearly perfect as it is possible in the nature of things to make it; and the tent can be made so plain, simple and cheap as to come within the reach of any one—or so rich, as to vie in point of splendor and style with any of the oriental baths.

P. S.—Full and complete directions for the application of each variety of bath, will accompany the "Bathing Tent" when put in use.

Boston, June, 1840.

HEREDITARY INSANITY.

[We embrace the earliest opportunity to copy from the last annual report of Dr. Woodward, of the Massachusetts State Lunatic Hospital, his remarks on hereditary predisposition to insanity. Though differing in some respects from the generally received opinions on the subject, they cannot but commend themselves to the favorable consideration of all.]

In many institutions the term *hereditary* is put down as a cause of insanity independent of any exciting cause. My view of this matter is different. In all diseases that are hereditary, a slighter cause will induce the disease than in constitutions not so predisposed, but still there must

be a cause to arouse to action the latent principles upon which the disease depends, independent of this constitutional predisposition.

Those whose ancestors have been insane, must be careful to avoid the exciting causes of disease, as those who have been accustomed to gout, or whose ancestors were affected by it, must avoid the use of fermented liquors and rich diet upon which the disease originally depends, and by which it may easily be excited if the hereditary predisposition lies dormant in the system.

In the table, the cases marked hereditary are not all from insane ancestors. Where many individuals connected collaterally have been insane, the case is recorded as hereditary, by which is only meant that they are constitutionally predisposed to insanity. Such persons must observe the same precautions to escape the disease as those whose parents were insane.

There are many causes of insanity that are obscure and uncertain; there are others which the friends prefer should not be known; thus there are difficulties attending the investigation of the causes of disease which will probably never be fully overcome.

With the greatest susceptibility of which the constitution will admit, there must be some violation of the established laws of the system before disease will take place. This holds true of insanity as well as other diseases—for insanity is as much a physical disease, depending upon a peculiar state of physical health, as any other. If a predisposition existed in the brain and nerves sufficiently active to produce insanity without the intervention of exciting causes, then insanity would be constantly present and perpetually active. This state of the brain probably produces congenital idiocy. The difference between an idiot and a maniac may, in some cases, be only that *one* has no ideas, no knowledge of external things, having never had the exercise of the senses which the confirmed maniac had, before the brain became affected by organic disease. So also partial idiocy may bear the same relation to monomania. If we suppose a case of chaotic mania, in which all knowledge was at once obliterated from the mind, I cannot conceive of any other condition to which such a mind would be reduced, but one quite similar to the most deplorable congenital idiocy.

This is not the fact respecting insanity; remedies remove insanity in such cases as well as in others, though perhaps not with equal certainty.

I think it perfectly safe to say that insanity never occurs in any case without a cause exciting to a diseased state, the brain and its appendages. There is safety in all cases of predisposition, if the causes which bring the parts of the system affected by disease into action are avoided. Those who are predisposed to insanity must avoid the causes, and those who have no peculiarity of constitution indicating a tendency to the disease if exposed to exciting causes, may become affected by it themselves and establish a hereditary taint which shall be transmitted to their posterity. There is certainly satisfaction to be derived from this view of the subject. Those who have ancestors who have been affected by insanity have little consolation in the dread which must always exist, that a principle is in operation within them which, at any time, may

spontaneously break forth in this most appalling of all human maladies. But if it indeed be true that such a case is safe from insanity till causes produce an impression upon the brain and nervous system, exciting into action the latent principle of disease, such an individual can feel security while anxiously avoiding causes which, to a greater or less extent, influence all.

In a document like the present, it cannot be expected that principles can be fully discussed, but I cannot avoid the occasion to express my dissent from the very general impression that at present prevails, unfavorable to marriage with those who have hereditary predisposition to insanity. While there may be instances in which insanity may in this way be transmitted, an equal number of cases must exist in which inter-marriage of one so contaminated with another of different constitution, shall render the offspring safe from its influence. The good which thus results in the community must be quite equal to the evil; and though benefit would doubtless result if inquiry was made more frequently than it is, of the constitutional tendencies to disease in cases of marriage, yet in avoiding one difficulty we might fall into another hardly less to be dreaded. If, in our anxiety to avoid insanity, we should overlook other predispositions hardly less fearful, as scrofula, consumption, epilepsy, &c., we might find equal danger. The fastidious, in this dilemma, would conclude that it was safest to let all his original sins die with his actual transgressions in his own person. If we would avoid the causes of disease, such causes as it is in our power to avoid, it is my settled conviction that little danger would arise from hereditary taint.

I would by no means overlook predisposition, in examining the causes of insanity, but believe that temperament, misdirected education, active passions, and propensities not subject to the control of the mind, the neglect of intellectual culture, and more especially the neglect of establishing the control of the high moral sentiments, results in insanity far more frequently than a hereditary taint; these may also increase a predisposition which before had little tendency to become active.

A defective and faulty education, through the period of infancy and childhood, may, perhaps, be found to be the most prolific cause of insanity; by this, in many, a predisposition is produced, in others it is excited, and renders incontrollable the animal propensities of our nature. Appetites indulged and perverted, passion unrestrained, and propensities rendered vigorous by indulgence, and subjected to no salutary restraint, bring us into a condition in which both moral and physical causes easily operate to produce insanity, if they do not produce it themselves.

We must look to a well directed system of education, having for its object physical improvement, no less than mental and moral culture, to relieve us from many of the evils which "flesh is heir to," and nothing can so effectually secure us from this most formidable disease, as well as others not less appalling, as that system of instruction which teaches us how to preserve the body and the mind; to fortify the one from the catalogue of physical causes which everywhere assail us, and which elevates the other above the influence of the trials and disappointments of life,

so that the hosts of moral causes which affect the brain, through the medium of the mind, shall be inoperative and harmless.

We bring most of the evils of life upon ourselves. We cannot always escape the causes of disease, nor avoid the disappointments and afflictions of life, but imprudence and rashness plunge us into most of our calamities, and few of us have been educated to bear them as we ought.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 1, 1840.

PROF. BRONSON'S LECTURES ON ORATORY.

THIS gentleman, whose name has become familiar to the literary public, has been engaged several years in teaching reading, speaking and singing in accordance with what he considers the true principles of physiology and mental philosophy. Of course it comes legitimately within the sphere of our professional observation to notice him.

The manner in which Mr. B. discovered the fundamental principles of the new system—or, as it is properly denominated, the Bronsonian system—is somewhat interesting. It is said that for some time he was engaged in public speaking (the ministry, we believe), and in consequence of pursuing a course in opposition to scientific rules, although it seems he was not unacquainted with those works which treat expressly of elocution, he became completely prostrated. Bleeding from the lungs, and other evils incident to an over-working of the vocal apparatus, followed; in a word, the injudicious exercise of articulative power, ruined his health, and physically disqualified him for the desk. In this condition, expectorating alarmingly from day to day, while lying upon his back to ward off a paroxysm of coughing, he happened to press upon the abdomen—which gave sudden and unexpected relief in breathing. The pressure thus made with the hand, seemed to change the effort from the chest to the abdominal muscles. The circumstance induced him to attempt speaking by bringing into action the muscles of that region, as far as practicable, and he at once perceived that in speaking there was manifest relief when aiding himself by artificial assistance. By frequent efforts the lungs were greatly relieved from the labor that a bad or unnatural habit had imposed upon them. Thus favored, and apparently left to the free discharge of their specific functions in the economy, his health began to improve. After recovering sufficient strength to visit his friends, he saw a young child under circumstances which induced him to observe others in the act of speaking, and he at length became quite satisfied that the lungs should be used for the transmission of air, and the abdominal muscles perform the office of propelling it to produce sound in the larynx.

But the difficulty which presented itself was to bring the lower muscles into action. Fortunately, in riding on horseback, it was ascertained how an object so desirable might be accomplished. From that period, vigorous health was established, and on the principle or principles thus discovered, if we understand him rightly, he proceeded to establish a new school of

oratory. As might have been anticipated, there are a multitude of disbelievers—a thousand objections and queries. Nevertheless, we are assured by many who have weighed the whole matter with scientific scrutiny, and practised upon Prof. Bronson's precepts, that when his principles are reduced to practice, conviction takes the place of incredulity. It is also said that many public speakers who, in common parlance, had lost their voices, or were otherwise incapacitated by the development of diseases incident to an improper tasking of the vocal powers, have been manifestly benefited, if not wholly and permanently restored, by following the rigid injunctions of this new system.

We are all aware that everything exists in exact accordance with certain established laws, and that, in the code of health, so long as these are not violated, no injurious consequences will follow. It is astonishing that so little is known, generally, of the laws of matter; but how much less regard is paid to those of mind. Great perversions of important principles necessarily ensue—and there follows an entailment of misery on a large portion of mankind. This, however, is wandering somewhat from the consideration of the subject immediately under examination.

With a view of subjecting Prof. Bronson's principles and practice to the severe scrutiny of the profession, wherever he may happen to be engaged, we have thus presented the man and a mere outline of the physiological doctrines he teaches. Let him be watched—and if, in the sequel, it is conceded that he has discovered something new, that is important to the welfare of humanity, grant him the meed of praise that is his due. Within a few days he will commence a series of lectures at New Haven, the seat of science, and if a physiological critique, by a competent hand, should be drawn up, we hope to be favored with it for insertion in this Journal.

Saratoga Waters.—M. L. North, M.D., familiarly known to the readers of the Journal by his contributions to its pages, some of which were recently published, is the author of a neat pocket volume that will prove a valuable directory to invalids who visit the Springs. The title is, "*Saratoga Waters, or the Invalid at Saratoga.*" It is divided into eight chapters—beginning with preliminary observations, quite essential to the understanding of what follows. Chap. 2d treats of professional advice; Chap. 3d, the medical character of the Saratoga waters; Chap. 4th, the same subject continued; Chap. 5th, the comparative advantages of Saratoga Springs as a resort for invalids; Chap. 6th, the internal use of the Saratoga waters; Chap. 7th, the same subject continued; Chap. 8th, the external use of the waters—baths.

Dr. North established himself at Saratoga for the express purpose of regaining his health, and being a man of extensive experience, the public may have perfect confidence in whatever he says. The book is on sale in all the cities—the places from which a majority of patients take a departure for the supposed fountains of health, and they should be provided with this medical guide, which gives desirable and satisfactory information to those who, as strangers, in ill health, and amongst strangers, always feel the want of some such manual.

Medical College of St. Louis.—At the present rate of multiplication, medical schools will be about as common in North America, as insolvent banks. The creation of another, so speedily after the death and burial of

one at Cincinnati, is quite unexpected. Our correspondent gives a key to the whole affair through a paper called the *Spirit of the Times*. Dr. McDowell, the backwoods anatomist, is the moving power. Rumor charges him with being the cause of the late explosion in the Cincinnati College, which blew Drs. Drake and Gross into cushioned chairs at Louisville.

"A medical department has been attached to the Kemper College of St. Louis, under the charter of that institution. The faculty has been organized, and consists of the following members.

"*Faculty*.—Joseph N. McDowell, M.D. (late professor of Special and Surgical Anatomy in the Cincinnati College), professor of Anatomy and Surgery. J. W. Hall, M.D. (late of Kentucky), professor of the Theory and Practice of Medicine. Hiram M. Prout, M.D. (late professor of Chemistry and Botany in Lagrange College, Alabama), professor of Materia Medica and Medical Botany. John S. Moore, M.D. (late of Tennessee), professor of the Institutes of Medicine and Obstetrics. John De Wolf, M.D. (late a Professor in the Berkshire Medical School), professor of Chemistry and Pharmacy.

"Some of the above gentlemen have considerable reputation as teachers of medical science, and St. Louis is a desirable location for an institution of this kind.

"The corner stone of the new Medical Amphitheatre was laid recently. Dr. J. N. McDowell delivered an address, after the conclusion of the ceremonies, upon the occasion."

Philosophy of Mind.—Notice of a new work on this subject, by John Stearns, M.D., of New York, has appeared in several periodicals, but no copies, as yet, seem to have reached Boston. This is to be regretted, since there are many persons here who entertain the highest respect for the author, and would be glad to procure anything from a source so elevated.

Rochester Medical Association.—A summer course of lectures commenced at Rochester, N. Y., on the 15th ult., under favorable auspices it is presumed, since the faculty are men of profound scientific attainments and character. We recognise the name of an old friend at the head of the catalogue, Chester Dewey, M.D., who is without a rival in the department assigned him, viz., chemistry and botany. Dr. J. Webster gives the anatomical lectures. Dr. E. M. More, the obstetric. Dr. F. H. Hamilton, those on surgery. It would oblige us, if some one were to let us know of the success of these gentlemen.

Improved Abdominal Supporter.—Dr. Haynes, of Concord, N. H., the ingenious inventor of an instrument of peculiar value, has sent us some new specimens of the abdominal supporter, greatly simplified, and therefore cheaper. This is really worth especial notice, since the instrument is within the reach of the poorest class of sufferers.

Western Medical Journal.—For the information of those who may feel interested, we will mention that Messrs. Prentice & Weissenger, of Louis-

ville, Ky., have commenced a monthly Journal under the editorial care of Professors Drake and Yandell, assisted by their colleagues, and a number of gentlemen, not members of the medical profession, of that place. The subscription is five dollars a year.

Medical College of Philadelphia.—An election of officers took place a short time since, in conformity with the charter. Thos. H. Hewson, M.D., *President*; Thos. Harris, M.D., and Charles D. Meigs, M.D., *Vice Presidents*; Henry Bond, M.D., *Treasurer*; John Bell, M.D., *Corresponding Secretary*; J. Brookfield, M.D., *Curator*; J. Warrington, M.D., *Recording Secretary*; Jacob Randolph, M.D., and Charles D. Meigs, M.D., *Board of Examiners*, for one year; D. F. Condie, M.D., and R. Bridges, M.D., for two years; R. Coates, M.D., and C. W. Pennock, M.D., for three years.

On the Employment of the Oil of Cod Fish in Scrofulous Diseases. By M. TAUFFLIED.—[The beneficial influence of the oil of cod fish in certain forms of scrofulous disease, has within the last few years been dwelt on by various German writers; M. Taufflied reports eight cases, from which he draws the following inferences confirmative of their accounts]. 1. The oil of cod fish exercises a favorable influence on the general state of lymphatic subjects. 2. If administered with proper care it possesses the property of curing scrofula of the bones, tabes mesenterica, and scrofulous or rheumatismal chronic arthritis. 3. Caries accompanied with solution of continuity and engorgement of the soft parts requires local treatment in addition to the oil administered internally. Under these circumstances compression and alcoholic ioduretted fomentations may be successfully employed. 4. The oil of cod fish has no efficacy in cases of gouty arthritis, nor does it exercise any influence on the engorgement of any lymphatic glands except the abdominal. It seems to have little or no effect on scrofulous phthisis, if this be at all advanced. 5. The oil should be administered perseveringly and for several months, in order to secure advantageous results.—*Gaz. Médicale de Paris*.

Tannin in Hemoptysis.—It appears from the Journal de Med. et de Chirurg. Prat., that this substance has recently been employed in hemoptysis by Dr. Amedee Latour, who highly extols its efficacy in that disease. He employs the following formula: R. Tannin. puræ, gr. iv.; pulv. gum Arab., gr. xvi.; syr. simp., q. s. M. Ft. pilul. No. viij. Four to be taken daily (1 at a dose, at intervals of three hours), for two days. This article occasions constipation, which must be removed by enemata.

MARRIED,—At New Haven, Ct., L. A. Thomas, M.D., to Miss Emeline Peckham.

DIED,—At North Bend, Ohio, Dr. Benjamin Harrison, son of Gen. Wm. H. Harrison.

Number of deaths in Boston for the week ending June 27 (including seven omitted at the Health Office last week), 41.—Males, 19—females, 22.—Stillborn, 4.

Of consumption, 7—diarrhæa, 1—smallpox, 2—child-bed, 1—disease of the heart, 1—liver complaint, 1—delirium tremens, 1—cancer, —scrofula, 1—typhous fever, 2—brain fever, 1—apoplexy, 1—infantile, 2—lung fever, 2—inflammation of the lungs, 1—dropsy on the brain, 1—dropsy on the chest, 1—stoppage in the bowels, 1—dropsy, 1—fits, 2—croup, 1—casualty, 1—dropsy in the head, 1—bilious colic, 1—old age, 1—scarlet fever, 1.

PRIVATE HOSPITAL.

THE success of this establishment, since it has been in operation, has encouraged Dr. Jones' (my partner in business), to purchase the more spacious and convenient house in Elm street—recently occupied by Justice Willard, Esq.—for a hospital; and he is fitting it for the reception of patients. Dr. Jones and family will reside in the house, and have the charge of its internal economy, and his professional services, when necessary, will be added to my own.

The Hospital will continue to be, under our joint care, what it has heretofore been—"For the treatment of Invalids and for Surgical Operations."
Springfield, June 26th, 1840. JOSEPH H. FLINT.
 July 1—3t*

TO DENTISTS.

THE advertiser informs the Dental Profession and others, that he is now manufacturing two Metallic Compounds, for male and female dies, to be used in striking up plates of gold for artificial teeth or other purposes. The first of these metals melts with so little heat that it may be poured into wax impressions without softening them; yet, when cold, it is very hard. The second metal will fuse at a still lower temperature, and is much softer. These metals (numbered 1 and 2) will raise a plate with as much facility and accuracy as zinc and tin. Therefore, plaster of Paris, casting sand, and other inconveniences, may be dispensed with.

It may be had in any quantity of EBENEZER SEAYER, 68 Tremont st. Price, \$2 per pound.
 June 17—cptf

A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if by letter, post paid.
 June 2—cptf

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 350 Washington street, corner of Hayward place, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronise him. He begs leave to offer the following testimonial of several medical gentlemen of this city. C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN, }
 GEO. HAYWARD, } *Surgeons to Mass. Gen. Hospital.*
 S. D. TOWNSEND, }

TO THE MEDICAL PROFESSION.

THE subscribers propose to issue, early in the summer, the first number of a Monthly Journal to be entitled "THE NEW-ENGLAND JOURNAL OF PRACTICAL MEDICINE AND SURGERY."

The Journal will contain original articles from writers of established reputation; critical notices of new medical works; selected articles of interest and value from contemporary journals, foreign and domestic; and the latest general intelligence in medical and surgical science.

It is contemplated, so far as possible, to render available to the profession, through the columns of this Journal, the valuable information that may be obtained from the various public institutions in this city and vicinity; and every exertion will be made to render the Journal of practical value to its readers.

As there is at present but one Medical Journal in New England it has been thought probable that another, conducted upon the above plan, would meet with encouragement and support. Should it meet with your favor an early subscription is respectfully solicited.

The publishers have engaged as editors of the Journal, H. G. Wilcy, M.D., and B. E. Cotting, M.D., who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city.

The editors and publishers pledge themselves that no exertions on their part shall be wanting to render it worthy of the confidence and encouragement of the profession.

Each No. will contain 60 pages octavo, to be printed in a handsome manner, and on good paper, at \$3.00 per annum.

Boston, June, 1840.

June 21—3t

OTIS, BROADBEN & CO.,
No. 120 Washington street.

DR. JOHN DELAMATER, late Professor in the College of Physicians and Surgeons at Fairfield, N. Y., begs leave to announce his location at Saratoga Springs for the practice of physic and surgery; and that he may be found directly opposite the Columbian Hotel, Broadway, at the office of Dr. M. L. North, with whom he has formed a professional partnership.
Saratoga Springs, June 8, 1840. June 21—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXII.

WEDNESDAY, JULY 8, 1840.

No. 22.

AMPUTATIONS AT THE MASSACHUSETTS GENERAL HOSPITAL.

Statistics of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital, with Remarks. By GEO. HAYWARD, M.D., one of the Surgeons to the Hospital.

THE following table, it is believed, contains a list of all the amputations of large limbs that have been performed at the Massachusetts General Hospital since the establishment of that institution. Such particulars are added as were thought calculated to throw light on the subject. These, in a few instances, are not so full perhaps as could be wished.

This remark applies especially to some of the early cases, which occurred at a period when the records of the hospital were not kept with that precision that has since been adopted. The omissions, however, are not thought to be such as will impair, to any extent, the value of the table.

The statistics of amputation are very desirable. They may probably lead to practical results of some importance. From what has recently been published, it is evident that amputation is more often followed by the death of the patient, than was formerly supposed. But to what extent this can be attributed to the operation itself, or to the disease or injury for which it was performed, cannot be precisely determined.

It has been stated, that more than one half of all whose limbs are amputated at some of the hospitals of Paris, die; and it appears, from a very valuable paper published by Dr. Norris in the No. of the American Journal for August, 1838, that of 55 patients, being the whole number on whom amputation was performed in the Pennsylvania Hospital during a period of eight years, 21 died.

And yet, these unfavorable results cannot fairly be attributed to the operation alone. There are a variety of causes that would exert a bad influence in the hospitals of Paris, that are not to be met with in those of our country. The former are more crowded, less comfortable, and badly ventilated, in comparison with similar institutions here, and it is believed that the after treatment is not so faithful and assiduous as with us.

Dr. Norris has no doubt suggested the true cause of the large proportion of fatal cases in the Pennsylvania Hospital, and that is that the operation was probably in many cases too long delayed, in the hope of saving the limb. No one can doubt, who knows anything of that institution, that nothing would be omitted that would be thought likely to add to the comfort and safety of the patient.

A Table of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital.

Name.	Age.	Time of admission.	Disease or injury.	Time of operation.	Place of operation.	Result.	Time of discharge or death.
1 Francis Vanvactor, Sarah Ann Newell, John F. Mance.	60 42 42	1822, Jan. 26, 1823, Nov. 1, Dec. 19, 1821.	Compound fracture of the right leg. Large ulcer inside of left knee. Frost-bite—both feet.	1822, Feb. 5, 1823, Nov. 16, Dec. 20, 1821.	Below knee. Above knee. Below knee, both legs.	Died. Recovered. Recovered.	Feb. 11, 1822. June 21, 1824. April 2, 1821.
4 William C. Stone, 5 Lawrence Ryan, 6 William Littlefield.	46 18 30	March 27, May 29, Nov. 19, 1825.	White swelling seven years—left knee—much bent. Swelling eighteen months—right knee. Compound fracture of right leg—trismus.	March 30, June 17, Dec. 4, 1825.	Above knee. Above knee. Above knee.	Recovered. Died. Died.	May 4, 1821. June 20, 1821. Dec. 5, 1821.
7 Thomas Hooper, 8 Moses Cheney, 9 Luther Haskell.	21 57 41	Nov. 22, Aug. 22, Nov. 25, 1826.	Abscess and fungus—right foot. I leverated tumor—right arm. Tumor on tibia—kicked by horse two years previous.	May 30, Aug. 27, Dec. 17, 1826.	Below knee. Above knee. Below knee.	Recovered. Recovered. Recovered.	July 30, 1825. Oct. 6, 1825. March 1, 1826.
10 Levi Stearns,	22	Sept. 4, 1827.	Knee swelled three years—unable to walk six months.	Dec. 9, 1827.	Above knee.	Recovered.	Feb. 12, 1827.
11 John Currier, 12 Federal Burr, 13 Samuel G. Merrill,	18 34 8	March 27, April 7, April 8, 1827.	Fingers on leg—knee bent. Fungus hematoides Swelled and stiff knee from injury, three months.	May 9, April 11, Dec. 8, 1827.	Above knee. Above elbow. Above knee.	Recovered. Recovered. Recovered.	June 8, 1827. June 18, 1827. Dec. 14, 1827.
14 Margaret Twiss, 15 Charles Richards,	26 30	May 10, Oct. 31, 1828.	Scrophulous disease of right elbow. Compound fracture of leg.	Mar. 1828, Nov. 10, 1828.	Above elbow. Below knee.	Recovered. Recovered.	April 9, 1828. Jan. 15, 1828.
16 John Cleverly, 17 John Evans, 18 George Hatten,	23 17 21	April 23, Nov. 18, Dec. 6, 1829.	Painful tumor of knee, ten years. Compound fracture. Dislocation of patella—Contraction of joint—Exceedingly painful.	May 9, Nov. 19, Dec. 20, 1829.	Above knee. Above knee. Above knee.	Died. Recovered. Recovered.	May 18, 1829. Dec. 26, 1829. Jan. 28, 1829.
19 Abigail Day, 20 James Dowsley, 21 Henry Mills, 22 Fernando Worcester,	50 27 23 12	March 4, May 15, May 29, Nov. 18, 1830.	Fungus hematoides. Compound fracture of leg. Compound, comminuted and complicated fracture of leg and knee. Severe injury of knee joint.	March 5, June 3, May 30, Dec. 5, 1830.	Above knee. Below knee. Above knee. Above knee.	Recovered. Died. Died. Recovered.	May 9, 1829. June 3, 1829. July 4, 1829. March 15, 1830.
23 John Hatheway, 24 Elias Hunt, 25 Richard Alley, 26 Moses Chase, 27 Abraham D. Phillips,	46 49 49 43 43	Jan. 27, Jan. 29, June 21, June 21, Dec. 4, 1831.	Fingers on foot twenty years—on leg ten months. Fracture of both bones of left leg. Oblique fracture of both bones of right leg. White swelling of knee, three years. Irritable ulcers from injury.	Feb. 11, Feb. 26, June 1831, Nov. 27, Dec. 18, 1831.	Below knee. Below knee. Below knee. Above knee. Below knee.	Recovered. Recovered. Died. Recovered. Recovered.	March 30, 1830. May 8, 1830. Aug. 30, 1831. Dec. 21, 1830. March 11, 1831.
28 Elijah N. Barker,	10	June 28, 1832.	Thigh crushed by an anchor.	June 29, 1832.	Above knee.	Recovered.	Nov. 1, 1831.
29 Robert Caswell, 30 Joseph Fernald, 31 James Ryan, 32 Benjamin Nourse,	13 26 27 57	Jan. 2, March 21, April 26, June 8, 1833.	White swelling from infancy—injured seven years after—limb useless. Knee strained six years before entrance—bones felt through fistula. Integuments of leg crushed by wagon-wheel. Ulcer around leg, twenty years.	Jan. 7, April 14, April 26, Jan. 1833.	Above knee. Above knee. Below knee. Below knee.	Recovered. Recovered. Recovered. Recovered.	Feb. 25, 1832. July 13, 1832. July 17, 1832. March 12, 1833.

32 Mary C. White,	27 July 9,	Abcess inside right knee, 23 years—constant discharge—bones carious.	November.	Above knee.	Recovered, Jan. 14, 1833.
33 Charles West,	27 Aug. 28,	Injury of knee—subsequently great inflammation.	Oct. 26,	Above knee.	Recovered, Dec. 15, 1832.
34 Joseph Bridgen,	37 Sept. 20,	Chronic disease and extensive curies of tibia.	Oct. 20,	Above knee.	Recovered, Dec. 22, 1832.
35	1833.		1833.		
36 Eliza Low,	24 Jan. 11,	Chronic inflammation of knee—health failing.	Feb. 2,	Above knee.	Recovered, April 13, 1833.
37 Henry T. Spear,	19 March 2,	Deformed foot—ankle ankylosed and painful.	March 7,	Above knee.	Recovered, April 10, 1833.
38 John Jordan,	26 May 8,	White swelling.	May 16,	Above knee.	Recovered, July 11, 1833.
39 Hannah M. Andrews,	23 Oct. 29,	Stiffness of right knee four years—abscess three weeks.	Dec. 28,	Above knee.	Recovered, Feb. 19, 1834.
40 Hosea Sargent,	35 Dec. 25,	Fungus over ligamentum patellæ from blow two years before.	Jan. 1834,	Above knee.	Died, Jan. 18, 1834.
41	1834.		1834.		
42 Patrick Donnan,	24 Jan. 29,	Foot crushed by railroad car—same day.	Feb. 8,	Below knee.	Died, Feb. 13, 1834.
43 Hannah Gray,	41 May 31,	Abscess on back right hand from blow one year before.	Nov. 8,	Below elbow.	Recovered, Nov. 26, 1834.
44 Thomas Marshall,	25 June 20,	Right wrist lacerated by cannon—same day—(died torn, &c.)	June 27,	Below elbow.	Died, June 29, 1834.
45 Ephraim M. Spear,	37 Nov. 12,	Part of foot amputated 3 years before for frost-bite—stump not healed.	Nov. 15,	Below knee.	Recovered, Dec. 17, 1834.
46	1835.		1835.		
47 James Neal,	20 April 3,	Left hand shattered by bursting of gun on the day of entrance.	April 8,	Below elbow.	Recovered, May 13, 1835.
48 Elizabeth P. Chapman,	31 Dec. 4,	Knee injured by fall one year before.	Dec. 12,	Above knee.	Recovered, May 22, 1836.
49 Robert Boyd,	28 Dec. 28,	Sloughy ulcers about right ankle.	Feb. 1836,	Below knee.	Recovered, March 31, 1836.
50	1836.		1836.		
51 Daniel Fuller,	43 Feb. 6,	Indolent ulcer of right foot from frost-bite fourteen years before.	Feb. 20,	Below knee.	Died, March 16, 1836.
52 Jerry Ryan,	31 June 2,	Compound and comminuted fracture of both legs—same day.	June 2,	Below knee.	Died, June 2, 1836.
53 James Achworth,	28 Sept. 13,	Compound and comminuted fracture of both legs—same day.	Dec. 10,	Above knee.	Recovered, Jan. 30, 1837.
54 Mary Tyrrell,	21 Dec. 16,	Right knee ankylosed—abscess—bones carious.	Dec. 17,	Above knee.	Recovered, Jan. 13, 1837.
55	1837.		1837.		
56 Wm. A. Waterhouse,	41 Jan. 8,	Frost-bite of both feet eleven days before.	Jan. 21,	Both legs, below knee.	Recovered, March 12, 1837.
57 Priscilla Jenkinson,	27 April 25,	Scrofulous disease of knee, four years.	June 10,	Above knee.	Recovered, July 15, 1837.
58 James Keenut,	22 Sept. 8,	Swelling of knee, five years.	Nov. 14,	Above knee.	Recovered, Dec. 18, 1837.
59 Martin St. John,	39 Sept. 24,	Leg crushed by bank of earth, day before.	Sept. 24,	Above knee.	Died, Sept. 24, 1837.
60 Eleanor Ryan,	25 Nov. 23,	Right side of head injured by truck, when four years old, followed by numbness of left foot, pain and deformity.	Nov. 25,	Below knee.	Recovered, Jan. 6, 1838.
61	1838.		1838.		
62 John Connor,	30 March 5,	Ankle crushed by bank of earth.	March 5,	Below knee.	Died, March 14, 1838.
63 Jarvis Gabel,	23 April 12,	Hand lacerated by a steam engine.	April 12,	Below elbow.	Recovered, March 17, 1838.
64 John Newcomb,	38 April 17,	Fungous ulcer on right leg from boiling water, as counter-irritant.	April 21,	Below knee.	Recovered, July 14, 1838.
65 William Connors,	45 Aug. 22,	Both legs broken and crushed by stone wall.	Aug. 24,	Above knee (right).	Died, Sept. 6, 1838.
66 J. W. Fullick,	27 Nov. 5,	Compound and comminuted fracture of leg and knee.	Nov. 5,	Above knee.	Recovered, Feb. 19, 1839.
67	1839.		1839.		
68 George Clark,	26 Jan. 17,	Compound fracture of leg—great laceration.	Jan. 17,	Below knee.	Recovered, March, 1839.
69 William Durbanck,	17 March 22,	Wound of hand.	March 22,	Below elbow.	Recovered, April 22, 1839.
70 Ruth A. Blaisdel,	18 April 3,	Scrofulous disease of elbow, three years.	June 7,	Above elbow.	Recovered, June 27, 1839.
71 Robert Fletcher,	37 May 29,	Ulcer on leg, 21 years before injury.	May 25,	Above knee.	Recovered, July 12, 1839.
72 Jacob Hersey,	72 Aug. 6,	Fungoid ulcer on back of right hand.	Aug. 16,	Below elbow.	Recovered, Aug. 30, 1839.
73 John Manyan,	29 Nov. 6,	Chronic carious ulcer of ankle.	Nov. 17,	Below knee.	Recovered, Jan. 10, 1840.

While it is no doubt true that amputation is sometimes too long delayed, it is equally certain that it is often performed when it might have been avoided. It is difficult in many cases to decide on the best course, but the operation should not be done without the clearest evidence of its necessity, for it is a hazardous and painful one, and, even when perfectly successful, leaves the patient in a mutilated state.

It will be seen by the preceding table, that the results at the Massachusetts Hospital were somewhat more favorable than those at the Paris and Pennsylvania Hospitals above referred to. In a large proportion of these cases, the amputation was done by the circular incision; the flap operation was adopted occasionally, whenever there was reason to believe that a better stump could be made by it than by the other method. The dressings were always of a light and simple kind; consisting of two or three strips of adhesive plaster and a small compress and roller; and yet there are some surgeons of the present day, who would, perhaps, regard these as more cumbersome than was necessary.

If the bleeding was slight, the dressings were applied before the patient left the operating room; but if there was anything more than an oozing from the veins, they were deferred till a few hours after.

Secondary hemorrhage was not frequent, though it sometimes occurred; pressure was generally sufficient to arrest it, but occasionally it was found necessary to open the stump, and tie one or more vessels. In one case where hemorrhage occurred twelve days after the operation, from a diseased state of the posterior tibial artery, the femoral artery was tied. No one who had secondary hemorrhage died, and though it sometimes debilitated the patient, in no case was there any permanently injurious effect from it.

In all the cases it was attempted to heal the wound by the first intention, and in a few instances it was completely successful, but in by far the greater number it was only partially so.

It has not been the usual practice at the Massachusetts Hospital to administer an opiate before an operation, though in a few instances it has been done. In one case, where amputation was performed on a patient with delirium tremens, twelve grains of opium were given shortly before the operation; he became drowsy soon after and recovered.

It was not thought necessary to indicate the exact part of the limb at which each operation was done, but it was supposed to be enough to say whether it was above or below the knee. It may be proper to add, that in all the cases below the knee, it is to be understood that the amputation was performed above the ankle.

From this table it appears that there were 70 operations on 67 patients; three patients having two limbs removed. In one of these three cases, one operation was above and the other below the knee, and in the other two, both operations were below; the first patient died, and the other two did well.

Of the whole number operated on, 15 died and the remainder recovered, at least so far as to be able to leave the hospital; though it is probable that in some instances the disease may have returned.

There were 34 patients who had the thigh amputated, and one of

these had the other leg taken off at the same time below the knee; of this number, 9 died. Of 23 patients whose legs were amputated below the knee, 2 having both legs removed, 5 died; and of the 10 who had an arm amputated, 6 below and 4 above the elbow, 1 died.

This goes to confirm the prevailing opinion among surgeons, that amputation of the lower extremities is more often followed by fatal consequences than that of the upper, and that death takes place more frequently after amputation of the thigh, than after that of the leg. More than a quarter of those whose thighs were amputated died, while there was but little more than 1 death in 5 among those whose legs were removed below the knee, and only 1 of the 10 whose arms were amputated. This patient, too, died of delirium tremens. The operation, to be sure, did not arrest the progress of the disease, but apparently contributed nothing to the fatal result.

This table tends also to support the opinion, that patients who undergo amputation for chronic diseases are much more likely to recover than those on whom it is performed in consequence of recent accidents. Of the first class, there were 45 patients afflicted with various diseases, and of this number all recovered but 6; and of the remaining 22, whose limbs were removed on account of recent injuries, no less than 10 died; being nearly half of the latter, and less than 1 in 7 of the former.

This fact certainly gives support to the opinion, that a state of high health is not favorable to surgical operations; and it also tends to show that death after amputation is not by any means attributable in all cases to the operation alone; for if it were, the proportion of deaths should be as large among one class of patients as among the other. There can be no doubt, I think, that the result is influenced very much not only by the age and constitution of the patient and the disease or injury for which the operation is performed, but also by the period at which it is done. I have before said that I thought that amputation was "often performed when it might have been avoided." But this remark applies principally to cases of recent injury. In those of chronic diseases of the limbs, the error is more apt to be of the opposite character; the operation is either not performed, or if done at all, frequently not till it is too late. It cannot be denied, I think, that there is a disposition at the present day to defer amputation too long in cases of diseased limbs; there is an unwillingness to admit that the morbid affection is beyond the reach of remedies, and the operation is too often postponed till other parts become affected, or the system is worn down by continual irritation. At length the limb is removed; but the patient, already exhausted by disease and long suffering, is hurried to his end by the very means that might have saved him, if they had been earlier employed.

If amputation is frequently too long delayed in chronic diseases of the limbs, it is, I fear, very often resorted to in recent injuries earlier than it should be. Many limbs that have been removed might, probably, have been saved; but where this cannot be done, it is rare that much inconvenience would follow from a little delay.

In most cases of accident sufficiently severe to justify amputation, the whole system has suffered a great shock, and an operation at this time,

before re-action is fairly established, is very likely to cut off what little chance the patient might otherwise have of recovery. While the extremities are cold and the action of the heart is feeble, the local injury is hardly, if at all, perceived, and adds nothing to the patient's sufferings. An operation cannot be required then; and yet how often it is done at that period; the better judgment of the surgical attendant sometimes being overruled by the importunate interference of the bystanders.

If the injury be not so serious as to cause almost immediate death, re-action usually comes on with proper management in a few hours, and then, if an operation be necessary, it can be done with a much greater prospect of success.

With regard to the ages of the patients operated on, it appears that there were

		Under 20 years of age		13, of this number	1 died
Over 20 and not exceeding	30	"	31,	"	8 "
"	30	"	40	"	9, " 3 "
"	40	"	50	"	10, " 2 "
"	50	"	60	"	3, " 1 "
		Over 70	"	1,	" 0 "

Whole No. 67. No. of deaths, 14.

Amer. Jour. of Med. Sciences.

DISLOCATION OF THE THUMB.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Upon reviewing the various authors upon dislocations, I find that great importance is attached to the dislocation of the first phalanx of the thumb backwards upon the metacarpal bone. They all agree that it is an accident of very grave importance, always attended with doubtful results; that it often refuses to yield to the most powerful extension; and finally, as a dernier resort, division of the lateral ligaments is imperiously called for. Such being the general view of the profession, it would seem if any suggestions could be made which would tend in the least to remove the obstacles which have hitherto attended the reduction of this luxation, that they ought to be presented to the medical public.

A dislocation of this kind recently occurred in this vicinity, which fell under my treatment. The patient was a lad some seventeen years of age. In a scuffle with his companions he was thrown sideways, and reaching out his hand to save himself from a fall, the whole force came upon the point of his thumb, producing the injury in question. When consulted, I found the symptoms characterizing dislocations of this kind, viz., an eminence upon the dorsal, and a depression upon the palmar aspect of the thumb, together with considerable shortening. Knowing that Mr. Liston and other eminent surgeons considered it very difficult of reduction, even in recent cases, by the measures usually resorted to, I resolved first to adopt the method recommended by Prof. Crosby, of Dartmouth College, in his lectures; and one which has never been

mentioned by any medical author, so far as I have examined. It consists in seizing the thumb, above the dislocation, with one hand, and with the other the first phalanx. The first phalanx is then tilted back until it stands upon its articulating surface, at nearly a right angle with the metacarpal bone. In this position it is held firmly. The thumb of the other hand (which maintains its grasp as before) is then placed against the proximal extremity of the phalanx, making firm pressure, when it readily glides into its natural position. I succeeded in reducing the dislocation in the above case without trouble, by following these few simple directions. Prof. Crosby remarked that "he had never failed, by this method, in the few cases which had occurred in his practice, although, in several instances, all the other methods usually adopted had been tried without effect;" and that "it was equally applicable to dislocation of all the phalanges."

The feasibility of this operation is obvious to every surgeon familiar with the anatomy of the parts. The principal resistance to be overcome in these cases, according to Mr. Liston, is the lateral ligaments. To which may, perhaps, be added the extensor primi internodii, and extensor secundi internodii muscles. Now when the first phalanx is tilted back, so that its articulating surface rests upon the dorsum of the metacarpal bone, the lateral ligaments, which before grasped the bone so firmly, are partially relaxed, and the bone placed in a situation to pass easily between them, into its natural place. The flexor brevis pollicis manus is put somewhat upon the stretch, and the direction of its action upon the bone changed, so as to act more directly upon the base of the bone, pulling it forwards. Consequently its contractions would aid, slightly, in the reduction.

Yours, &c.,

Hanover, N. H., June 23, 1840.

ARNOLD MORGAN, M.D.

MEDICAL REMINISCENCES.—NO. X.

[Communicated for the Boston Medical and Surgical Journal.]

DR. LEMUEL HOPKINS was the descendant of the Honorable Edward Hopkins, one of the first Governors of Connecticut. He was born in Waterbury, Parish of Salem, in that State, June 19, 1750. In very early life young Hopkins manifested a love of study and taste for science, which gave him distinction among his youthful associates. Dr. Hopkins did not receive the benefit of a collegiate education, but his fondness for books made ample amends for this deficiency of early advantages. He prepared himself with commendable diligence for the study of his profession, acquired an adequate knowledge of the Latin language, and imbibed an early love for philosophical inquiries. He commenced the study of medicine under the instruction of Dr. Jared Potter, then an eminent physician in Wallingford, Ct., and closed it with Dr. Seth Bird, no less distinguished for knowledge and experience. Dr. Hopkins commenced the practice of medicine in Litchfield, in his native State, where he continued eight or ten years. Here he acquired an extensive business and very considerable celebrity. From Litchfield he

moved to the city of Hartford, where he continued to reside till he died, in 1801. In Hartford Dr. Hopkins was considered, for a long time, at the head of the profession, had an extensive private practice, and was greatly consulted by his brethren, and respectable patients from abroad. He was much celebrated for his success in treating chronic complaints, particularly diseases of the lungs. Few men were masters of so many expedients for the successful management of the mind in the treatment of disease, as Dr. Hopkins.

He had a discriminating and inquisitive mind, great sagacity in looking into the hidden causes of disease, and a remarkable tact to adapt the remedies he prescribed, so as to satisfy his patients and their friends of their propriety and fitness. Although he was an extensive scholar in his profession, and used to spend whole days and nights with his books, yet he was most distinguished for his original conceptions, and the application of his own experience in the treatment of diseases; and his resources, in this particular, were uncommonly happy and extensive. He was remarkable for frankness and integrity of character. His soul was above dissimulation or disguise. He had strong confidence in himself, and a faculty of inspiring it in others. He uniformly administered comfort and consolation to his patients, and when the case would admit of it, inspired strong hopes of recovery. His patients loved and caressed him, and, years after his death, would speak most feelingly of his kindness and attentions to them when sick.

In his person Dr. Hopkins was tall, lean and stooping; his countenance was strongly marked, his eyes large and light; his limbs uncommonly long and slender. He was by no means handsome, yet would impress a stranger, at the first interview, as an uncommon man.

Dr. Hopkins was married, in early life, to a Miss Stone of Litchfield, a woman of fine sense, who was universally esteemed where known. They had two daughters, one of whom, it is believed, is still living. Mrs. Hopkins survived her husband 25 years, and died in 1826, at an advanced age.

Dr. Hopkins was one of the founders of the Medical Society of Connecticut, and an active and efficient member of the Society for many years. He received the degree of Master of Arts from Yale College in 1784. He was also a star of the first magnitude in the constellation of poets and political writers in Connecticut, distinguished about the time of the American revolution and afterwards, and known as the "Hartford wits." Of this number, amongst others, were Alsop, Theodore Dwight, Humphries, Barlow and E. H. Smith. Some of the Dr.'s political writings are doubtless lost, or not to be distinguished among the multitude of political essays which filled the public papers of that time; others have been preserved, and, with the poems, are to be found in newspapers published in Hartford, and other places in New England. The most distinguished of the poems were the Anarchiad, the Echo, the Political Green House, Guillotina, and some others preserved in the published volume of American Poems, particularly the Hypocrite's Hope, the Cancer Quack, and lines addressed to Ethan Allen. The Anarchiad ranked the highest as a poem. It was originally published

in 24 Nos. in the *American Mercury*, a newspaper printed in Hartford, and can be found in the files of that paper from 1786 to 1788.

Dr. Hopkins was said to be the author of the plan of this poem. Its object was political. It was published about the time of the adoption of the constitution of the United States, and was designed to lash those who, on the one hand, were disposed to be too rigid or aristocratical in their notions of government; or, on the other, to be too liberal or democratic. As a specimen of serious poetry, the speech of Hesper to the Congress of 1787, in the poem, is an example. This may also be found in the volume of poems before named. Dr. H. was assisted by the "Hartford wits" in this production, and also in writing the *Echo*, in which his part was less conspicuous. His *Political Green House* was published in a pamphlet form. The *Guillotina* were a series of New Year's Addresses, published from year to year in the newspapers of Hartford, and were designed as a lash for the friends and advocates of the French Revolution.

Dr. Hopkins left some manuscripts on medical subjects, one particularly on pulmonary consumption, which is too valuable to be lost, and which is now in the hands of one of his medical friends.

Dr. H. had much eccentricity of character. His mind was truly original. He was a thorough scholar in whatever he attempted. He was familiar with all the best professional writings, ancient and modern, and was well versed in natural and moral science. He was intimately acquainted with the writings of all the British poets, and would often entertain his friends with long rehearsals from them. His memory was remarkably retentive. By study and observation he acquired much, and he remembered everything. His power of abstraction was great; when his mind was interested, nothing about him disturbed him. If he was reading, he would retain the same position for hours, and even a whole night, without apparent change. He would forget his meals, and sometimes his patients. The same would be true when he was writing, and even when reflecting upon some subject of interest.

Many interesting anecdotes are told of Dr. Hopkins, the relation of which would prolong this notice to an unreasonable length. The following must suffice. Once, when riding through a town eight or ten miles distant from his residence, he called, late in the day, on a medical friend, but declined to stay to tea or even remove his overcoat. His friend, knowing his peculiarity, ordered his horse to be put out without his knowledge. Tea being soon ready he consented to stop, and then proceed onward towards his home, visiting, as he expected to do, some patients on his way. After tea his friend introduced some subject of conversation which he knew would interest the doctor, and they got deeply engaged in the discussion, till, awaking from their reverie, they found it to be nearly morning. They concluded to retire. They rose late the next morning; the doctor visited some patients with his friend after breakfast, and spent the day and night much as they had the preceding. The next day Dr. H. felt quite in earnest to go home, and visit his patients on the road as he went along. His friend and host, having also patients in the same direction, proposed to accompany him till they

arrived at the houses of their respective patients, which were near to each other. After breakfast they started. The doctor proposed to his friend to dismount and walk, as it would afford them a better opportunity for conversation. They proceeded onward very leisurely, quite abstracted, till the spires of the city came distinctly in view. They halted, found it to be twelve o'clock, and that they had walked eight miles, and three or four by the houses of their patients at which they intended to have stopped. They concluded to mount their horses, ride back a mile or two to an inn, dine together, and then attend to business.

Dr. Hopkins was once sent for in great haste to visit a female patient of his own, in the crisis of fever, her friends supposing her dying. He entered the house, went to the sick-room, made a slight examination of the case, and left the room. The father of the patient said to the doctor, my daughter is dying, shall I not send for my clergyman? "If you do, send also for the undertaker that he may take the measure for her coffin," was his reply. The father, indignant at the rashness and severity of the doctor, expostulated in strong terms with him for his levity in this time of affliction and distress. The doctor explained—"You may as well send for the one as for the other; if your daughter is left undisturbed, she will recover,; if in any way excited or alarmed, she will doubtless fail." The doctor's advice was followed, and the patient got well.

For some years previous to his death, Dr. Hopkins was affected with pulmonary disease, and was extremely feeble and emaciated. He continued to visit a few patients, almost to the day of his death. He was at best very far from handsome, and disease had not added to his personal beauty. While in this condition he visited and attended through a dangerous fever a most respectable lady in a neighboring town. After convalescence was well commenced, his visits had become infrequent. One day, while the patient was sitting by her bed, the doctor came to see her. She shook his hand cordially, and said to him, "Doctor Hopkins, I am glad to see you; you are the handsomest man I ever saw." "Indeed, madam," said he; "I am greatly fatigued, suffer me to throw myself on your bed before you, and take a nap, and you may sit and contemplate my beauty." Without further ceremony the doctor laid himself down to take his rest.

The moral character of Dr. Hopkins was irreproachable, and his whole life was distinguished for the practice of the moral virtues. In his youth he is said to have admired the writings of the French school of philosophers, but he lived to see the ill effects of these principles in the storm and anarchy of the French Revolution, and afterwards abandoned, if he ever embraced their sentiments, and his later writings exhibited different views. Towards the close of his life he made the Bible the object of his particular study, and thought favorably of christianity and its author.

Dr. Hopkins, like Rush, fell a sacrifice to the indiscreet application of a favorite remedy. Having, as he believed, pulmonary consumption at the time that Dr. Rush published his views of the treatment of that disease by bloodletting and starvation, he adopted the practice. After

pursuing it for some time, with his accustomed energy, he found himself suddenly affected with symptoms of dropsy of the chest, and from this time his decline was rapid. On the day preceding his death, an old and intimate friend called on him to inquire after his welfare. The doctor immediately accosted him thus: "You have come in very good time; to night I shall die; will you stay by me?" He did, and witnessed the calm and dignified composure of a great mind throwing off its earthly tenement. His distress was great, his respiration laborious; unable to lay down, he was seated in his chair, the windows of his apartment being open. He conversed freely, with a voice unfaltering, and a mind perfectly sensible. Moral and religious truths were the theme of his discourse. When his strength began to fail, he closed by saying, "God, who is the great author and governor of all things, regulates and controls all events; even the smallest as well as the largest are the objects of his care. It is as necessary for us to die as to be born, that we may fill up the changes incident to our natures, and perfect his work with us." He then paused for a moment, and turning to his friend, said, "Let my family be called," which was done. A scene of affectionate kindness ensued, which cannot be described or forgotten. When the interview was closed, he said to his friend, "I have now finished the last duties of life; lay me upon my bed and stay by me till I am dead." With the assistance of his friend he walked to his bed, composed himself as decently as possible, and never moved or uttered more.

He died April 14, 1801, aged 51 years.

S. B. W.

Worcester, April, 1840.

MEDICAL SOCIETY OF RHODE ISLAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The Rhode Island Medical Society held its annual meeting in the Senate Chamber at Providence, the 24th ult.

The following gentlemen were elected officers for the *three* ensuing years:—Richmond Brownell, M.D., Providence, *President*; Theophilus C. Dunn, M.D., Newport, *1st Vice President*; Dr. Jeremiah Williams, Warren, *2d Vice President*; Johnson Gardner, M.D., North Providence, *Recording Secretary*; Hiram Allen, M.D., Smithfield, *Corresponding Secretary*; Dr. Sylvester Knight, Providence, *Treasurer*; David King, M.D., Newport, *Librarian and Cabinet Keeper for the Southern District*; Isaac Hartshorn, M.D., Providence, *Librarian and Cabinet Keeper for the Northern District*; Dr. Jabez Holmes, Bristol, Dr. Peleg Johnson, South Kingston, C. G. Perry, M.D., Newport, H. Turner, M.D., do., *Censors for the Southern District*; George Capron, M.D., Providence, Lewis L. Miller, M.D., do., Ariel Ballou, M.D., Smithfield, William Grosvenor, M.D., Providence, *Censors for the Northern District*.

The following gentlemen were elected Fellows of the Society:—Samuel West, M.D., Benjamin Nichols, M.D., William A. Hubbard, M.D., John L. Millar, M.D., Almon Gushie, M.D., Thomas Nutting,

M.D., John H. Anthony, M.D., Almon C. Whitman, M.D., Lewis F. Gallup, M.D., Charles Jewett, M.D., and Dr. I. F. B. Flagg.

The following were elected Honorary Members of the Society :— John B. Beck, M.D., of the city of New York ; Zadoc Howe, M.D., Billerica, Mass. ; William B. Stevens, M.D., Savannah, Geo. ; and Lyndon A. Smith, M.D., Newark, N. J.

A discourse was read before the Society by Dr. William Richardson, of Johnson ; and the premium of \$50 was awarded by the trustees of the Fiske Fund to Levi H. Holden, M.D., of Providence, for the best dissertation on the Medical Botany of Rhode Island.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 8, 1840.

MEDICAL STAFF OF THE ARMY.

INQUIRIES are frequently made, by strangers, to ascertain the method of obtaining a medical commission in the army of the United States. Whilst passing a day in Philadelphia, a short time since, we very opportunely made the acquaintance of Dr. Mower, of the army, and one of the medical examiners, who kindly furnished ready answers to all questions propounded to him relating to the service, which are embodied in the following paragraphs.

It is prescribed by law, that no one shall be appointed in this branch of the service who has not been examined, and found qualified, by a Board of Surgeons, or Assistant Surgeons, designated by the Secretary of War for that purpose. This designation is made at such times as the wants of the service render necessary ; when selections are made by the Secretary of the number of individuals he may deem it proper to have examined. To the persons thus selected, invitations are given to present themselves to the Board for examination. These invitations state the time and place of the meeting of the Board. The Board rigidly scrutinizes the pretensions of each candidate ; taking into consideration his physical qualifications and moral habits, as well as professional acquirements ; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and soldiers are objects too important to be committed to ignorant and incompetent hands. The Board reports the positive merit in the several branches on which the candidates are examined, and their relative merit, as shown by the whole examination. Those of whose qualifications the Board is satisfied, are appointed, and take rank in the department in the order of their relative merit.

Those candidates of whom the Board make an unfavorable report, are allowed, after the expiration of two years, if they desire it, a second examination, when, if they again fail, their names are dropped from the list of applicants.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable pre-requisites to appointment.

Applications must be addressed to the Secretary of War ; must state

the age and residence of the applicant, and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

The application of no one will be considered, whose age is under 21 or over 28 years.

Progress of Phrenology.—Since Mr. Combe took his departure for Europe, very little is said on this heretofore engrossing topic. Still, a few individuals are devotedly pursuing investigations, and accumulating important facts illustrative of the leading principles of the science, which will be regarded, at some future period, with interest by philosophers.

Mr. L. N. Fowler, of New York, and his brother, who resides in Philadelphia, are collecting cabinets of casts—which embrace fac similes of the heads of men, women and children, who have been distinguished for qualities out of the common order of mankind—and the stranger who visits their collection is positively astonished at the results of their unobtrusive industry in this department of nature.

Through the politeness of Dr. Bond, we had an opportunity of inspecting the Philadelphia phrenological museum, for such it actually is, the other day—the rarest assemblage, perhaps, on this Continent, of unique skulls, and casts of persons now living. Each one is characterized by some development either a little out of the ordinary course, or so strongly marked by peculiarities as to be considered nearly, if not wholly unparalleled in the series of cranioscopical formations.

But with all the mass of materials thus brought together, we discovered that the possessor, much to our regret, was unfortunately defective in the organ of order. Things were heaped up in confused piles—a lot lying here and there, according to the condition of unoccupied corners of the apartment. In order to select a specimen not prominently in sight, one head is rolled over another, to the manifest injury, it would seem, of all in the neighborhood. Besides, such concussions, after a while, must essentially alter the original configuration of a head, and thus lead to a false estimate of the character of an individual to which the cast was supposed to have furnished an unerring guide.

Aside from these considerations, Mr. Fowler's immense variety and number of heads is unsurpassed in this country. Some provision should be made in Philadelphia for giving the whole a permanent, orderly location, that the learned, in which we include physiologists, phrenologists and antiquarians, might avail themselves of the benefits to be derived from such a wonderful exhibition.

The art of taking casts has been greatly improved by the Messrs. Fowler. Some of their work is quite equal to the best specimens of clay modelling by Clavenger or Ives. The bust of Dr. Reynell Coates was admirably finished, and altogether superior to any method before known to artists, or, at least, practised by them, in New England. If the progress of phrenology depends on accuracy in copying nature, in amassing specimens of her handy work, in connection with the study of mental phenomena, the science is surely losing nothing in the United States.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, holden in Provi-

dence on the 24th of June, 1840, awarded their seventh premium, being *fifty dollars*, to Levi H. Holden, M.D., of Providence, for the best Dissertation on the Medical Botany of Rhode Island.

They now propose to the members of the Society, and to the medical faculty at large, the following questions or subjects for 1840-41, viz. :—1st. Spinal Diseases—structural and functional. 2d. Dropsy—its causes, nature and treatment. For the best dissertation on each of these questions, the Trustees will award and pay the sum of fifty dollars, or present a gold medal of equal value, at the option of the successful competitor or competitors.

It is the wish of the Trustees that the dissertations should possess a little of a theoretical and as much of a practical character as possible; and that their authors avoid entering minutely into a *history* of the diseases, unless there be some special reason for so doing. It is also recommended that they avoid crowding their productions with a *detail* of recorded and easily accessible cases. As all of these points will be borne in mind in making the adjudication, competitors are advised to dwell no more upon them than may be necessary for a clear understanding of the subject, and of the principles by which they were guided in the selection of the treatment by them recommended.

Competitors are to forward their dissertations on or before the first of May, 1841, free of expense, and in the usual manner, to one of the Trustees. Previous to receiving the premium awarded to the successful dissertation, the writer of it must transfer to the Trustees, in behalf of the Rhode Island Medical Society, all his right and interest in the same. The trustees are Richmond Brownell, M.D., of Providence; T. C. Dunn, M.D., of Newport; and Jeremiah Williams, M.D., of Warren. It will be seen that the questions are no longer offered to the members of the Society only, but are thrown open to the members of the profession generally.

Living Snake in the Eye of a Horse.—A story has been circulating since February last, in most of the newspapers, of the existence of a snake in the eye of a horse, which we supposed to be untrue; but in the New York Journal of Medicine and Surgery, the editors, on their own authority, declare the account to be correct. They have examined the horse, and state that the snake has grown from half an inch, to be about three inches in length at this time. It is white, thread-like, has one larger extremity, supposed to be the head, and is wholly lodged in the anterior chamber of the eye, where it is in constant motion, revolving upon itself and twisting into various shapes. Singular as it may appear, the organ is not materially affected—nor is there any inflammation.

Nerves of the Cornea.—Dr. Pappenheim has succeeded in tracing minute twigs of nerves from the sclerotic coat into the cornea. For this purpose, he immerses the cornea in acetic acid, or in a solution of caustic potass, places it between two plates of glass, and examines it by transmitted light, with a lens of low power. They are most distinctly seen near the periphery of the cornea, where they form plexuses, but become scattered, and appear lost towards the central part. They are smaller than the fibres composing the lamellæ.—*Monatschrift für Medecin.*

Medical Miscellany.—A man lost his life in Boston, last week, in consequence of eating bread, sprinkled with arsenic, which had been placed in a cellar for rats.—Dr. J. H. Morse, of Amoskeag, has successfully performed for the restoration of a club-foot.—Dr. Flint's hospital, at Springfield, it will be seen, by reference to our advertising page, is now in much better condition for patients, than formerly.—A young gentleman in the armory of the Suffolk Guards, Quincy Hall, on Tuesday last, while in the act of dressing one of the pillars of the apartment with guns—the bayonets pointing up—had the ladder, on which he was standing, slip from under him. He clung to the pillar, but in sliding down, one of the bayonets entered the extended arm about four inches from the axilla, and came out three inches below the elbow. No vessel seemed to be wounded, and Dr. Lewis says he is recovering favorably.—Dr. Roby is appointed lecturer on Theory and Practice at the Medical Institution, Hanover, N. H., in place of the late professor of that department.

NOTICE TO ADVERTISERS.—An Advertising Sheet will be issued as a Supplement to the first number of the next volume of the Journal, on the 5th of August. As this is principally intended to prevent the pages of the Journal being taken up with the large number of advertisements which are usually sent to us in August, it is hoped that the officers of medical schools, booksellers and others, will forward their favors in season for the above, and that the insertion in the supplement will in most cases be thought sufficient without a continuance in the Journal. The price will be the same as for one insertion in the Journal.

Number of deaths in Boston for the week ending July 4, 21.—Males, 18—females, 3.—Stillborn, 3.

Of consumption, 2—scarlet fever, 2—casualty, 3—inflammation of the lungs, 2—delirium tremens, 1—poison, 2—complaint, of the liver, 1—ulcers, 1—dropsy in the head, 1—dropsy, 1—intemperance, 1—brain fever, 1—inflammation in the bowels, 1—insane, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. June.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sum m.	P.m. m.	W. m.	Sum m.	P.m. m.	W. m.			
1 Mon.	50	58	49	29.36	29.34	29.40	N E	Rain	Wild rose in blossom.
2 Tues.	43	60	55	29.50	29.60	29.60	S E	Fair	Foggy morning.
3 Wed.	50	60	65	29.51	29.42	29.33	S E	Cloudy	Burgundy rose in blos. Rain in the night.
4 Thur.	54	68	66	29.16	29.13	29.08	S W	Rain	Tree toads musical.
5 Frid.	60	74	70	29.61	29.20	29.30	N W	Fair	Great rain. Cleared off at 9, A. M.
6 Satur.	62	79	70	29.32	29.38	29.34	S W	Fair	Fresh breeze from the South
7 Sun.	64	65	54	29.27	29.36	29.39	N W	Cloudy	Rain in showers.
8 Mon.	50	66	65	29.50	29.56	29.60	N	Cloudy	
9 Tues.	58	74	74	29.63	29.70	29.72	N W	Fair	Very pleasant day.
10 Wed.	54	79	74	29.70	29.68	29.66	S W	Fair	Circle around the moon.
11 Thur.	62	82	77	29.56	29.48	29.43	N W	Fair	Fine growing season.
12 Frid.	66	82	76	29.31	29.29	29.26	N W	Fair	Shower in the night. Thunder and lightn.
13 Satur.	66	75	68	29.14	29.16	29.30	N W	Fair	Morning showery.
14 Sun.	54	68	65	29.33	29.38	29.40	N W	Fair	Aurora borealis.
15 Mon.	51	68	62	29.33	29.31	29.33	W	Fair	
16 Tues.	52	70	63	29.40	29.44	29.50	N W	Fair	Fine season.
17 Wed.	53	74	73	29.53	29.58	29.60	N W	Fair	Dusty in the streets.
18 Thur.	51	68	64	29.54	29.48	29.39	S	Fair	
19 Frid.	62	68	56	29.20	29.09	29.06	N W	Fair	Fine shower in the night.
20 Satur.	50	66	67	28.93	29.04	29.13	N W	Fair	Showery. Sun sets clear.
21 Sun.	54	72	70	29.20	29.28	29.29	W	Fair	
22 Mon.	60	80	72	29.25	29.30	29.36	W	Fair	
23 Tues.	59	77	74	29.18	29.59	29.60	S W	Fair	
24 Wed.	58	84	79	29.58	29.47	29.44	S W	Fair	
25 Thur.	68	79	70	29.38	29.42	29.42	N W	Fair	
26 Frid.	51	72	62	29.49	29.54	29.54	S E	Fair	
27 Satur.	58	72	65	29.53	29.50	29.43	S E	Cloudy	
28 Sun.	61	76	74	29.35	29.37	29.36	N E	Fair	Foggy morning.
29 Mon.	68	85	76	29.37	29.36	29.37	S W	Fair	Foggy morning.
30 Tues.	70	82	72	29.30	29.32	29.30	S W	Fair	Foggy morning. Shower in the evening.

The month of June has been a uniform and pleasant month. Vegetation, particularly grass, is very forward. The earth, at the last of the month, has been dry, little rain having fallen. Range of the thermometer has been from 43 to 85; barometer, 28.93 to 29.72.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	- - - - -	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and De-	monstrations on Morbid Anatomy, at the Hospital, by }	DR. BOWDITCH.
Anatomy and Medical Jurisprudence, by		
	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

June 17—cop't

M. S. PERRY,

H. I. BOWDITCH,

C. H. STEDMAN,

H. G. WILEY.

TO THE MEDICAL PROFESSION.

THE subscribers propose to issue, early in the summer, the first number of a Monthly Journal to be entitled "THE NEW-ENGLAND JOURNAL OF PRACTICAL MEDICINE AND SURGERY."

The Journal will contain original articles from writers of established reputation; critical notices of new medical works; selected articles of interest and value from contemporary journals, foreign and domestic; and the latest general intelligence in medical and surgical science.

It is contemplated, so far as possible, to render available to the profession, through the columns of this Journal, the valuable information that may be obtained from the various public institutions in this city and vicinity; and every exertion will be made to render the Journal of practical value to its readers.

As there is at present but one Medical Journal in New England it has been thought probable that another, conducted upon the above plan, would meet with encouragement and support. Should it meet with your favor an early subscription is respectfully solicited.

The publishers have engaged as editors of the Journal, H. G. Wiley, M.D., and B. E. Cotting, M.D., who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city.

The editors and publishers pledge themselves that no exertions on their part shall be wanting to render it worthy of the confidence and encouragement of the profession.

Each No. will contain 60 pages octavo, to be printed in a handsome manner, and on good paper, at \$3.00 per annum.

Boston, June, 1840.

June 24—3t

OTIS, BROADERS & CO.,

No. 120 Washington street.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures in this institution will commence on the first Thursday, 6th of August, 1840, and continue thirteen weeks.

Fee for the whole course, \$50. Fee for those who have already attended two full courses, \$10. Graduation fee, \$18.

Theory and Practice of Medicine and Obstetrics, by	- - - - -	W. H. CHILDS, M.D.
Principles and Practice of Surgery, by	- - - - -	WILLARD PARKER, M.D.
General and Pathological Anatomy, by	- - - - -	ROBERT WATTS, JR., M.D.
Chemistry, Materia Medica, and Jurisprudence, by	- - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT NELSON, M.D.

The Berkshire Medical Institution has been in operation about twenty years, and has been liberally patronized by the public. It has ever been the object of the trustees to make the advantages offered to students, by this School, correspond with the rapidly improving state of medical science.

Pittsfield, Mass., May, 1840.

June 20—4A

PARKER L. HALL, Sec'y.

DR. JOHN DELAMATER, late Professor in the College of Physicians and Surgeons at Fairfield N. Y., begs leave to announce his location at Saratoga Springs for the practice of physic and surgery; and that he may be found directly opposite the Columbian Hotel, Broadway, at the office of Dr. M. L. North, with whom he has formed a professional partnership.

Saratoga Springs, June 8, 1840.

June 24—3t

PRIVATE HOSPITAL.

THE success of this establishment, since it has been in operation, has encouraged Dr. Jones (my partner in business), to purchase the more spacious and convenient house in Elm street—recently occupied by Justice Willard, Esq.—for a hospital; and he is fitting it for the reception of patients. Dr. Jones and family will reside in the house, and have the charge of its internal economy, and his professional services, when necessary, will be added to my own.

The Hospital will continue to be, under our joint care, what it has heretofore been—"For the treatment of Invalids and for Surgical Operations."

Springfield, June 26th, 1840.

July 1—3t*

JOSEPH H. FLINT.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXII.

WEDNESDAY, JULY 15, 1840.

No. 23.

PHYSICAL EXPLORATION.—THE RHONCHI.

[Dr. W. W. GERHARD, of Philadelphia, has commenced the publication, in the Medical Examiner, of a series of Lectures on the Exploration and Treatment of Diseases of the Chest, which it is understood are to be republished in the form of a book when completed. They will prove a valuable addition to the works on auscultation already in the hands of the profession. We copy, this week, the description of the different rhonchi, and may hereafter, as space will admit, make further quotations from these lectures.]

There is a set of sounds produced by the respiration in certain states of disease of the chest, which are totally unlike the sounds heard in health. These sounds are called the rhonchi; and they are produced by impediments to motion, either of the lungs themselves, or of the air in the bronchial tubes. Those which belong to the lungs proper are caused by obstacles to the passage of the air through the bronchial tubes; these are the most interesting and important of the class.

There is another set of rhonchi, which arise from the friction of the serous membranes in the chest, and are common to both the lungs and the heart. They occur when the effusions in these membranes consist chiefly of lymph which coats the surface of the serous tissues sufficiently to cause a slight creaking sound. This creaking or friction sound in the pleura, takes place during both inspiration and expiration, but especially at the commencement of the expiration, when the ribs first begin to sink down, and the pleura is drawn rather rapidly over the ribs. It is not limited to a single spot, but shifts about with the dilatation and contraction of the chest; and is generally most evident about the lower angle of the scapula, and often extends from that point across the axilla to the sternum. It is a sign which is proper to pleurisy, either primary or secondary; and it is in general readily recognised after the bronchial rhonchi are known, especially if the friction be sufficient to give to the parietes of the chest a thrilling motion, which may be felt by the hand.

The rhonchi, properly so called, are divided into the moist and the dry. The moist rhonchi are the mucous, including the gurgling of cavities, the sub-crepitant, and the crepitant. The dry rhonchi are the sonorous and the sibilant, to which may be added the dry crepitant.

The *moist rhonchi* are caused by the resistance offered by a liquid in the tubes or vesicles to the passage of the air; the liquid forms bubbles of various sizes, and their successive breaking is the chief cause of the

rhonchus. The dry rhonchi are produced by real thickening or spasmodic contraction of the mucous membrane, which gives a musical tone to the respired air; they are most evident in the expiration, while the moist rhonchi are for the most part heard during the inspiration. The rhonchi are not necessarily permanent, except the crepitant rhonchus; for the obstructions forming mucous rhonchus, or the thickening of the larger tubes, may be removed for a time, in many cases, by an effort of coughing.

The mucous rhonchus is the loudest of the moist rhonchi; it is caused by the breaking of bubbles of tolerable size contained in the larger tubes; the sound is readily enough recognised, and scarcely ever mistaken, even on a first examination. This is the sound which is often audible at a little distance from the chest of the patient, especially if it extend over a large portion of the lungs. The mucous rhonchus is heard wherever there is an abundant secretion of liquid into the larger bronchi; now this generally arises from the second stage of bronchitis, but it is quite common in phthisis and the third stage of pneumonia; and the blood which is poured into the bronchi in hæmoptysis, may give rise to the same phenomena. The mucous rhonchus is generally heard both in the inspiration and expiration, as the air returns with sufficient force from the lungs to agitate the liquid, and form bubbles.

There are two varieties of the mucous rhonchus, which are almost peculiar to phthisis; these are the dry crackling, produced by the softening of the thick, pasty matter of tubercle, which gives a peculiarly dry and sharp sound, and the loose, but concentrated gurgling of a cavity. Any disease which gives rise to a cavity in the substance of the lung, will produce this cavernous gurgling; hence it may arise from gangrene of the lungs, pneumonia, or even a dilated bronchus. But as cavities depend much more frequently upon phthisis than any other cause, probably nine-tenths of those which you meet with may be referred to softened tubercles. The gurgling differs from mucous rhonchus merely by its greater concentration; it is in this respect that, like the other signs of cavities, it is distinguished from those of the bronchi; and it passes into mucous rhonchus by an insensible gradation. You may place, therefore, the dividing line between the mucous rhonchus of small cavities, and of the bronchi, where you please. Large cavities can never be mistaken. But there are some cases of dilatation of the bronchial tubes which extend over a considerable portion of the lung, in which the secretion of liquid is abundant, and the mucous rhonchus very similar to that of an ordinary cavity. The liquid gurgling is heard both in the inspiration and expiration, for the air is reflected from the sides of the cavities during expiration, and of course causes an almost continuous rhonchus. You will find that both the crackling and gurgling are liable to disappear, although the cavity remains; for the liquid secretion may be for a time suspended, or the matter may be expectorated, and the walls of the cavity remain dry.

The sub-crepitant rhonchus differs from the mucous in two respects; the bubbles are finer, and they break in a more gradual and regular succession. The rhonchus is therefore confined to the smaller tubes,

through which the air passes rather slowly, and the bubbles nearly fill up their calibre. It is heard in various parts of the lungs, but much more frequently at their lower and posterior part than elsewhere, for the liquid accumulates there in the smaller tubes more than in any other part. The sub-crepitant rhonchus is heard very faintly during the expiration.

The crepitant rhonchus is the most important of the moist rhonchi. It is either fine or coarse, the latter variety differing very slightly from the sub-crepitant. When the crepitant is fine, it is pathognomonic of the first stage of pneumonia; and it is then produced in the vesicles of the lung, and perhaps in the small tubes which ramify through the lobules—but when it is extremely fine, the sound is probably strictly vesicular, and seems to depend upon two causes, the breaking of the minute bubbles of thick mucus, and the dilatation of the thickened and stiffened vesicles. If the crepitus be rather coarse, it seems to arise more from the smaller tubes than from the vesicles, although this is a point which is not susceptible of a rigorous demonstration. A crepitant rhonchus is a sign which is connected with the parenchyma of the lungs, and can never occur in the larger tubes; and it is not produced by other diseases of the parenchyma than pneumonia, because it is only in the latter disease that you will find the thick, viscid secretion, and the stiffened, yet still dilatable condition of the vesicles. The crepitant rhonchus is strictly confined to the inspiration; the air does not pass in the expiration with sufficient rapidity to break the tenacious liquid. The crepitant rhonchus generally forms trains of bubbles, something like the successive explosion of a small train of wet powder; and the sound is compared to various trivial noises, such as the crackling of salt, the rubbing of a lock of hair; but, like all the signs of auscultation, nothing out of the body gives a correct idea of its character. You must, therefore, learn it in patients laboring under pneumonia; and if you have not opportunities for examining cases in connection with persons who are familiar with the physical signs, I would advise you to select a case in which the pneumonia is advanced to the second degree, and the general symptoms of the disease accord with the physical signs. In such cases your diagnosis of the disease may be regarded as quite certain; and you may trace the crepitant rhonchus as it proceeds from the interior of the indurated lung towards the exterior.

There are certain sounds connected with the pleuræ which are similar, as I have already stated, to the moist rhonchi. These are two in number, the friction sound, and the metallic tinkling which is heard generally when the external air communicates with the cavity of the pleura, but is occasionally observed in cases of large cavities in the substance of the lung. The friction sound differs in some cases very slightly from the sub-crepitant, and I have sometimes been puzzled to discriminate between them; of course I do not allude to the well-characterized variety, in which there is a thrilling motion extending along the chest, and felt as well as heard, but to those cases in which the friction is very slight. The deposit of lymph is then generally very small, but such is not necessarily the case, for there may be little friction when the effusion is

large, especially if the lung be separated from the pleura by serum, which prevents the two surfaces from coming much into contact. The best method of distinguishing the slighter variety is to attend to the manner in which it follows the act of respiration; in the true sub-crepitant rhonchus the bubbles break regularly, and follow the passage of the air; in the slight friction sound there is not this regularity, and its position is never as permanent; there are besides, generally, some collateral circumstances, such as the existence of the sub-crepitant rhonchus in other parts of the lungs, which will aid in distinguishing the two sounds.

The metallic tinkling is a peculiar sound produced by the escape of bubbles of air from beneath a stratum of liquid, situated in a cavity whose walls are firm and elastic. The liquid must occupy only a portion of the cavity, the upper part remaining filled with air. It was supposed that the sound was caused by a drop of liquid which fell from the upper surface of the fluid. Dr. Bigelow, of Boston, suggested the explanation which is now commonly received, that the sound is not caused by the fall of a drop, but by the bursting forth of a bubble of air from beneath the liquid. This is the case, but it is not necessary that the air should be driven forcibly through the bronchial tubes; a very small portion of air contained within the liquid is sufficient to give rise to the tinkling. The sound is called tinkling, because it is somewhat similar to the light tinkle produced by striking with a pin or some other light piece of metal upon a glass vessel. It is always heard in connection with the amphoric respiration, which depends upon the physical condition necessary to produce it. The sound, therefore, is not of great practical value.

The *dry rhonchi* are the sonorous, sibilant, and the dry or rustling crepitant; the latter of these is of very little value, and hardly differs from the rustling sound of the respiration, to which I have already alluded. They are, for the most part, heard chiefly during the expiration, and are caused by temporary or permanent thickening of portions of the mucous membrane of the larger or smaller tubes. In the large majority of cases they are heard in the earlier stages of bronchitis, before secretion has occurred, or in the chronic stages of this disease in which the secretion is not sufficient to remove the swelling of the membrane. But they may depend upon a purely spasmodic state of the bronchial tubes, for there is no doubt that these tubes are occasionally subject to spasmodic action.

The sonorous rhonchus is generally very loud and well marked; few of you have ever heard it, without recognising it merely from description. It is a loud cooing sound, somewhat similar to that caused by drawing the bow slowly over the bass string of a violin, or to the cooing of pigeons. The sound may be compared most exactly to the note of the violin, but the rhonchus itself is so peculiar from its deep musical tone, and so unlike any other sound heard in the chest, that you will scarcely mistake it. It is most frequent along the upper part of the lungs, both anteriorly and posteriorly, and cannot be produced except in the larger bronchial tubes, for the smaller ones do not yield so deep a note. In acute bronchitis, and even in the chronic cases of this disease, this rhonchus is so fugitive that it sometimes ceases and returns almost with every

act of respiration. But you will generally find it in some portion of the lungs, although it may not remain long in a single spot. It is, however, not always so moveable. In the numerous cases of secondary bronchitis which attend the diseases of the lungs and various acute disorders, the sonorous rhonchus is frequent, but it is not found in the most severe and dangerous cases of these disorders, or at least not exclusively. It is in all cases a sign of bronchitis, and when not connected with the moist rhonchi, generally indicates a mild form of the disorder.

The sibilant rhonchus bears the same relation to the smaller tubes, that the sonorous does to the larger; it is a low, whistling sound, heard during the expiration, generally very short and variable in situation. Of course you will find it in those portions of the chest where the bronchi are rather small, and, at the same time, are not subject to congestion or accumulation of secretion—that is, at the anterior margin of the lungs. The sibilant rhonchus is chiefly heard in the various stages of bronchitis without effusion, especially in the chronic dry catarrh, and the secondary bronchitis of typhoid fever.

Both these dry rhonchi are easily learned from this very description alone, for they have a sufficiently close analogy to the sounds which are selected as objects of comparison. Thus the deep bass note and the musical tone are quite characteristic of the sonorous rhonchus, while a whistling and slightly musical sound are equally characteristic of the sibilant. The latter rhonchus is even more moveable than the sonorous, and is extremely irregular in its time of re-appearance.

The mucous, sub-crepitant, sonorous and sibilant rhonchi are sometimes heard combined together in a variety of chronic catarrh, attended with asthmatic paroxysms; they were then sometimes called by Laennec the “song of all birds—*cantus omnium avium*.” More frequently, however, you will find two at least of these rhonchi present at the same time, as the sonorous and sibilant, the mucous and sub-crepitant; a dry may be combined with a moist rhonchus. This depends upon an obvious cause; the various portions of the mucous membrane may be affected to different degrees, and in one part secretion may have commenced, while another remains turgid and dry; besides the secretions tend to accumulate at the posterior and inferior part of the lungs; hence you will find the moist rhonchi sometimes in this position, when the same inflammation gives rise merely to a dry rhonchus elsewhere. The rhonchi may also be connected with other physical signs, as the bronchial respiration and resonance of the voice; and it is sometimes a matter of some difficulty to distinguish them. This is especially the case with the bronchial respiration and the sonorous rhonchus; one not accustomed to these signs may easily mistake one for the other when they occur singly; and if combined, the sonorous rhonchus may mask the bronchial respiration to an inexperienced observer, for both these signs are chiefly heard during the expiration, and there is a certain degree of similarity between them. The only certain distinguishing mark is to examine the part of the chest by percussion; if this be flat it will prove that there is bronchial respiration wherever the tubes are large; if both bronchial respiration and sonorous rhonchus are present at the same time,

the flat percussion is so far useful that it indicates the more important sign. The chances of error, therefore, become extremely small, and are still more diminished if you attend to the musical tone in the sonorous rhonchus; this does not characterize the bronchial respiration, which is a pure blowing sound.

After having gone through the description of these sounds, you will be tempted to make the same remark which has often been repeated to me. That is, that the difficulty is not in understanding the description of the sounds, but in acquiring the habit of rapidly and readily recognising them. To be practically useful, you must distinguish them with certainty, and you must do this without great loss of time to yourself, or the fatigue to your patient which necessarily results from a protracted examination. If you are tempted to lay too much stress upon your newly-acquired knowledge, you may perhaps be tempted to fall into the errors against which I have warned you at the beginning of the course, that is, of trusting too much to your physical diagnosis.

Now, you must avoid both these errors, and you will do this by the same means; that is, by making your diagnosis by the general symptoms, and merely adding the physical examination to this as a matter of instruction, until you are sure of your own progress. Those of you who follow my demonstrations will not need this caution, because each step is pointed out, and every part commented upon as it presents itself. The caution is designed for those who trust chiefly to their unaided exertion; these are, under ordinary circumstances, sufficient, though necessarily attended with more trouble, and requiring more time. I shall bear these remarks in mind when describing individual diseases, and will group the physical and general signs together, that one may mutually assist the other.

There is another set of symptoms which are not physical, yet are so local in their character that they should be described before you proceed to the study of special diseases; these are the cough and expectoration, which may properly form the subject of another lecture.

EMBRYOTIC INFLUENCES—ACEPHALOUS CHILD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In disputed or obscure points in physiology, an accumulation of facts can alone furnish the means of satisfactory elucidation. In regard to one of these disputed points—for it is by no means generally admitted that strong impressions on the mind of the mother influence the *fœtus in utero*—I wish to make the following communication. In this very enlightened age, many are disposed to scout such a supposition as wild, visionary and absurd. Facts, however, are stubborn things, and although neither prepared to throw down or take up the gauntlet on either side, I wish to get as near to the truth as our present means of determining will admit.

I was called to attend upon Mrs. —, in labor with her first child. On examination, the presentation completely puzzled me. After the

most careful and anxious attempts to make out the presenting part, I found myself entirely at fault. I was prepared, however, for something abnormal; but as the labor was making due progress, I gave no reason to my patient, or those around, to suppose there was anything unusual in the case. On the birth of the child, the difficulty was instantly cleared up. The part that had presented was the superior cervical vertebra, covered with a flabby cellular texture of no great thickness. The superior part of the cranium was wanting, above a line drawn from just over the eyes to the posterior inferior part of the skull. Brain there was none, apparently. The depressions in the base of the skull were filled up with a loose cellular tissue. The skin, particularly that of the face, was dark blue, from intense congestion. There seemed to be no other malformation, with the exception of a spot near the inferior end of the spinal column, where one vertebra seemed wanting. Respiration was not established, but the pulsations of the heart were distinctly to be felt for nearly an hour after birth.

To approach, now, the object for which I make the communication. On the appearance of the child, a bystander uttered a sudden exclamation of surprise. This instantly called the attention of the poor mother, and she inquired, with fearful anxiety, what was wrong. On some evasive, soothing reply being made, she proceeded to state her fears that the child was wanting in the top of the head. On making inquiry, I learned the following particulars. Some time previous, I cannot state precisely how long, a medical gentleman related a case in her hearing, in which the same malformation of the child existed. This sunk deeply into her mind, and she apprehended the verified result. Now in many such cases, the fears of the mother, as we all know, prove entirely unfounded; and in others, an imaginary resemblance is supposed to obtain between the congenital defect and the supposed cause, which, after all, is purely supposititious. In the case related, however, the mother *never* saw the child, and when I desired her to give me, as accurately as she could remember, the description given by the medical gentleman alluded to, she faithfully described the appearance of her own child. Some time subsequent, I ascertained, from this gentleman, whether the statement made by my patient was correct as it related to him, which it proved to be in every particular.

Yours, &c. H.

Haverhill, N. H., 23d June, 1840.

HOPKINS MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I forward you the doings of the Hopkins Medical Association, which you will please publish, if you think them of sufficient interest.

Yours, respectfully, D. H. HUBBARD.

The Annual Meeting of the Hopkins Medical Association was held at the Eagle Tavern, Hartford, Ct., June 10th, 1840. The following are the officers chosen for the year ensuing:—Archibald Welch, M.D., *President*; Amariah Brigham, M.D., *Vice President*; Denison H

Hubbard, M.D., *Recording Secretary*; George B. Hawley, M.D., *Corresponding Secretary*; Daniel Holt, M.D., *Treasurer*.

Dr. Benjamin Rogers (Hartford) was elected a member of the Association. Dr. Thomas Miner, of Middletown (formerly president of the State Medical Society), corresponding member of the Hopkins Medical Association, was present, and added much to the interest of the meeting by his remarks. No epidemic has been witnessed by any of the members for the last four months. Delirium tremens was observed to be much more frequent, but less fatal than formerly. Cases of this disease had occurred to most of the physicians present, since our last meeting. Dropsy and epilepsy were reported as far less common, and more successfully managed. Dr. Simeon Shurtleff read a dissertation "On the necessity and importance of a more radical and efficient course of instruction at our medical schools," observing that the present system has a less effectual discipline than that of either Divinity or Law, and that consequently it less thoroughly qualifies men for this profession than any other. Instead, therefore, of the common practice of reading with private physicians who have leisure for teaching little else than a specific practice, they should be indoctrinated in the general principles of their profession at some appropriate, thorough-going school. From the peculiar difficulties that have ever retarded the march of medicine as a science—from the character and condition of society—from the responsibilities of medical men, their qualifications and attainments should be superior. They should have a combined knowledge of the past and present—a knowledge of the other professions—of all the sciences and the arts—everything, in fact, which can enable them to discriminate with accuracy and despatch. They should be men in whom the public can place implicit confidence—men of untiring zeal, of fixed purpose and sound judgment—men who will not, the moment they leave a preparatory school, bid a final farewell to all literary and scientific research, but who will regard the moment of their entrance into practice, as one which just admits them into a rich and expansive field which requires a mighty and strength-giving discipline to subdue. Some of the causes which are now operating to retard the advancement of medical science, among which are a great inaccuracy in observation—hasty conclusions both from wrong and right principles—an extreme tendency to theorize rather than closely investigate—dishonesty in the collection and arrangement of facts—an unpardonable indifference in the thorough, close, and unprejudiced investigation of disease, as well as a peculiar epidemic tendency of filling our minds with books and verbiage alone, without enriching them with those facts and those principles which the present state of medical knowledge requires—were the principal topics embraced in the dissertation.

BERKSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

I BEG leave to call the attention of the readers of the Journal to the notice of the forthcoming course of lectures at the Berkshire Medical

Institution. The combination of talent, *especially of teaching* talent, they have contrived to draw together, is certainly unusual. Of those who have labored in the Institution and brought it to its present standing, little need be said. Prof. Childs was its principal founder, and the architect of much of its deserved celebrity. Drs. Parker and Watts in the departments of surgery and pathological and general anatomy, are well known to be strong men. Both occupy stations in other institutions of high character; and both have refused invitations to some of the best endowed chairs in America. I have had the good fortune to hear the courses from these gentlemen, and a course of *materia medica* from Dr. Palmer, who is now announced as the Professor of *Materia Medica*, Chemistry and Medical Jurisprudence. His *materia medica* course was highly satisfactory, and the students of the Vermont Medical College speak in the very highest terms of his chemical instructions. Of Dr. Nelson, the professor of descriptive and surgical anatomy, I know nothing, but by report. That speaks highly of his talents and learning.

With chairs filled in a manner so highly satisfactory, I cannot but think that the *seats* will also be filled in a manner to meet the most sanguine expectations of the friends of the school.

A GRADUATE
Boston, June 30th, 1840.

OF THE BERK. MED. INST.

DISEASES OF THE HEART.

At one of the recent pathological meetings of the Royal Medical and Chirurgical Society, in London, Dr. Kingston showed a preparation exhibiting two lesions, no cases of either of which have yet been recorded; one of these was a perfectly close adhesion of one of the aortic valves through its whole extent to the surface of the aorta. In addition to tough, thready membrane, connecting the surface of the valve to the artery, there was a thin, firm, reddish membrane passing from the aorta straight over the free edge of the valve, a minute portion only of which it left uncovered. This membrane extended for about an inch upon the surface of the ventricle, its extremity being in some places loose and shreddy; the adherent valve, as well as the other two, had a little cartilaginous thickening at its edges; the portion of the aorta to which it adhered was atheromatous, and greatly thickened, and the rest of the upper part of the aorta was irregularly thickened with patches of atheroma, under the inner membrane, alternating with cartilaginous degeneration of the inner membrane itself; the orifice and channel of the aorta were of moderate calibre.

The other remarkable lesion exhibited by this preparation was a total obliteration of the orifice of the left coronary artery, and thence of its channel, for the distance of an inch; this part of the channel was flattened, with firm adhesion of its opposite surfaces; the right coronary was of rather small calibre, and healthy texture.

With respect to the heart, the tricuspid orifice was dilated to a circumference of five inches, while its valve was somewhat shortened; the cavities were all greatly dilated, but those of the left side much the most

so ; the left ventricle was attenuated nearly in proportion to its dilatation ; the right ventricle was somewhat hypertrophous.

There was extensive bronchitis, pulmonary apoplexy, rather recent adhesion of the left lung to the pericardium, granular liver, the mucous membrane of the stomach deeply reddened, and softened over its whole extent.

The subject of these lesions had been a married woman, aged 53 ; she had, in the last stage of her illness, been a patient of Dr. Kingston and Mr. Walsh ; in youth, but not of late years, she had been subject to articular rheumatism ; her fatal complaints had come on four or five years ago at the decline of the catamenia ; she used to be seized, while walking, with urgent dyspnœa, pain extending from the heart to the left scapula, and such extreme faintness as to be in danger of falling ; she used frequently to wake in the night with similar sensations, obliging her to start up in bed, and continue erect for a considerable time ; there was great weight at the stomach after food, frequently combined with crampish pain and vomiting. In both kinds of paroxysms she derived relief from hot stimulating drinks.

Six months before death her complaints were much aggravated by affliction at the death of her husband, during the last night of whose life she was in a state of alarming syncope for some hours. Cough supervened, with great excitability, depression of spirits, and debility ; the pulse used to be about a hundred while in bed, but was much accelerated, and sometimes unequal, after the exertion of walking ; it was not decidedly deficient in firmness and fulness ; there was none of that visible pulsation of the arteries which has been supposed pathognomonic of aortic regurgitation ; there was a rough, sawing murmur in the region of the ventricles, owing to the regurgitation at the tricuspid orifice ; and there was a strong blowing murmur at the region of the semi-lunar valves, owing to the regurgitation through the aortic orifice, one third of which was permanently patent. To this extraordinary degree of regurgitation may likewise be referred a peculiar vibratory pulsation, which alternated with the heart's impulse, just to the left of the sternum, between the third and fourth cartilage.

On admission to the dispensary, fourteen weeks before death, she obtained great relief for six weeks from tonics, antispasmodics, and carminatives ; but she relapsed, and hydro-pericardium and anasarca supervened ; she was confined to bed a month, and sunk slowly.

In connection with this case Dr. Kingston mentioned another he had met with, in which the orifice of one of the coronary arteries, though not quite obliterated, was reduced to the breadth of a small pin ; it was surrounded by a yellow rim ; the channel beyond was much contracted, and drawn up into longitudinal folds for the distance of three quarters of an inch ; the other coronary artery was much narrowed in various parts of its course by atheromatous and osseous thickening ; there was a little cartilaginous thickening of the aortic valves, an atrophic perforation of the mitral valve, great thickening, partly cartilaginous and atheromatous, of the aorta, great hypertrophy of the left ventricle, combined with great dilatation of all these orifices and cavities.

The subject had been a sweep, aged 48; had occasionally had rheumatism of no great severity; had for ten years been subject to vertigo, dyspnœa on exertion, and wheezing, and for five or six years to cardiac palpitation. About four months before death the dyspnœa greatly increased, and was conjoined with a severe epigastric pain, "as if he were tied up in knots," on walking fast or laying down, and often with a sensation as of something rising to the larynx, and producing sense of suffocation, which often waked him in the night, and obliged him to start up and walk about; the pulse ranged from 104 to 124, and was harsh, hard, firm, moderately full; the heart's impulse was very strong, and extended over and to the left of the cardiac region; never any œdema; what most relieved him was a small bleeding, and an antimonial saline mixture.

The day before death he was easier, and more cheerful than previously. At night, after being in bed some hours, he got out, saying, "I am very ill!" After walking about the room for a minute he returned to bed. Five minutes afterwards he jumped up, exclaimed, "I am dying!" and, after one or two gurglings in his throat, fell down dead.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 15, 1840.

FELLOWSHIP OF THE MASSACHUSETTS MEDICAL SOCIETY.

FOR the sake of diffusing information which cannot be regarded with indifference, the following extracts from the by-laws of the Massachusetts Medical Society are published. It will be noticed that the terms of admission to a fellowship are neither difficult to comply with, nor embarrassing to a stranger. In fact, everything has been done which is necessary without lessening the dignity of the association, to open wide the door of entrance to all who have claims to professional respectability in this ancient Commonwealth. For ourselves, we venture to express a hope that there will now be a general ingathering throughout the State of those who have heretofore had no participation in the advantages and honors of this venerable and excellent institution.

"LIII. Any licentiate of this Society, or Doctor of Medicine of Harvard University, or of the Berkshire Medical Institution, may obtain admission as a Fellow into this Society, as provided in the laws of the Commonwealth, by either of the methods following, viz. :—1. He may apply to the Corresponding Secretary of this Society, and after exhibiting his letter of license, or his diploma, as the case may be, he may subscribe a printed copy of the by-laws, to be kept by the Corresponding Secretary for that purpose; and the Corresponding Secretary shall then give to him a certificate that he is entitled to a diploma of his fellowship. Such a diploma shall be furnished to him by the Recording Secretary, on the presentation of this certificate: or, 2. He may apply to any Counsellor of this Society, when at a distance from the Corresponding Secretary, and

present to the same his letter of license or diploma, as the case may be, and subscribe a printed copy of the by-laws belonging to such Counsellor; whereupon the Counsellor shall give to the applicant a certificate of the transaction, specifying the date of the license or diploma exhibited; this certificate shall be transmitted by the applicant, at his own expense, to the Corresponding Secretary, who shall then proceed as if the applicant had signed the copy of the by-laws kept by himself, and who shall likewise insert the name of the applicant on the copy, with the name of the Counsellor concerned in the transaction; *Provided*, That every applicant under this law shall satisfy the person to whom he applies for the signature of the by-laws, that he maintains a good moral character, before he is permitted to sign the same.

“LIV. The evidence of a good moral character, in the case referred to in the next preceding by-law, shall be a certificate from some known and respectable person acquainted with the applicant, except when he is known to the Secretary or Counsellor to whom he applies, in which case such officer may act on his own knowledge.

“LV. It shall be the duty of every Counsellor to keep a copy of the by-laws ready for subscription, and to act in conformity with the by-laws next preceding; and in case any Counsellor certifies falsely in respect to an applicant to him for signature, he shall, on conviction, be liable to expulsion from the Society.

“LVI. If any licentiate of this Society, or Doctor of Medicine, graduated either at Harvard University or at the Berkshire Medical Institution, shall neglect to obtain admission as a Fellow of this Society, according to the method of the 53d by-law, for one year after he is entitled to the same, he shall be deemed an irregular practitioner: nor shall he afterwards be admitted as a Fellow of the Society unless he make a representation of his case in writing to the Counsellors, and satisfy them that he has had good reasons for not pursuing the steps necessary for his admission as a Fellow, within the time above specified. In every such case the Counsellors shall decide by vote whether the reasons are, or are not, satisfactory, and the result shall be communicated to the applicant by the Corresponding Secretary; whereupon, if the result be favorable to the applicant, and he sign the by-laws, according to the 53d by-law, within three months, he shall be admitted as a Fellow, and not otherwise.”

Premium Teeth-filling.—We are authorized by several members of the committee appointed to examine and report upon philosophical apparatus, surgical instruments, chemical preparations, &c., at the late Mechanics' Fair in this city, to state, in reply to the inquiry of our correspondent Y, in the number of 20th May last, that it was their unanimous opinion that D. K. Hitchcock was not entitled to a premium of any description for the loaded teeth exhibited by him, and that the award of a diploma to him by the Committee on Premiums was not in conformity with the recommendation appended to their report.

In the above paragraph is embodied the disclaimer of the committee appointed at the late Mechanics' Fair, to decide who, of those presenting specimens of ingenuity or improvements in the arts, were entitled to the Society's diploma or medals. A certain dentist received a diploma for his achievements in filling teeth; yet it is now ascertained that the committee did not recommend that distinction. The artist, however, may

or may not have known the decision of the committee; yet he received the diploma, and the question is agitated, how did this happen, and through whose influence was the decision of the examining committee set aside?

It appears to us that if any permanent injury is inflicted on the practising dentists of the city, in consequence of this manœuvre, they are the persons to remonstrate. A statement made by them to the government of the Mechanic Association would certainly meet with a respectful notice. If, on the other hand, the committee feel, as we apprehend they do, aggrieved that their endeavors to serve the best interests of an intelligent community, which was at a sacrifice of time and involved personal responsibility, were overruled without their knowledge—nay, without a shadow of reason, an explanation from some source would seem to be indicated. Then, again, the man who stands between two fires—being honored and dishonored—cannot be an indifferent spectator in the business. For ourselves, we entertain no feelings of ill will or partiality towards any one connected with the affair, but regret most sincerely that anything pertaining to what is likely to become a mooted point appeared in this Journal.

Mr. Combe at Cincinnati.—Our correspondent at the West says—"Be kind enough to state that Mr. Combe has become affronted without cause at the observations of W. J. B., of Cincinnati. The remark that he stated to a gentleman in private conversation, that to 'lecture to a Cincinnati audience would be like throwing pearls before swine,' is certainly not 'disrespectful to the inhabitants of the city, or injurious' to Mr. Combe. Suppose he did state it. It was but a piece of pleasantry, provided it was not said in a pet (in which Mr. Combe seems to have been when he wrote his letter). But, to ask the gentleman's pardon, and to acknowledge that the '*gentleman*' alluded to '*in private conversation*,' was not a man of credibility, or to acknowledge that I have, myself, told an untruth, let it be repeated that there was, and still is, ground for such an opinion as is expressed in the first quotation. The people of Cincinnati have been bored to death on the subject of phrenology, and at this time it would certainly require the zeal, talent and ability of Mr. Combe to awaken any interest in their minds upon its importance.

"To conclude this short note, I would express my regret that he did not lecture in our city (notwithstanding I am an opponent of the doctrine), that he has taken offence at my report of the remark said to have been made '*in private conversation*,' and that I have made the very common mistake (one which you, Mr. Editor, have made) of giving Mr. Combe the title of *doctor*."—[The editor has no recollection of having made such a blunder.—Ed.]

Dr. Paine's Medical and Physiological Commentaries.—A few copies of this great work—for, aside from the learning displayed in it, there are two large octavos, the first containing 716, and the second 815 pages, compactly printed—have been sent to Boston for distribution. A more extended notice of the contents will follow whenever we have sufficiently investigated the general character of Dr. Paine's literary and philosophical labors.

Poisoning by Arsenic.—M. Orfila detailed to the Royal Academy of Medicine, on the 17th of March, the results of two experiments with

arsenic. In the first, he injected 12 grains of arsenious acid into the stomach of a dog. The animal survived an hour and a half; the poison was detected in considerable quantity in the different viscera, but none was found in the urine. In the second experiment, two grains were introduced into the thigh of a dog; the animal died in 36 hours, and arsenic was found both in the different viscera and in the urine.—*Archives Générales de Médecine*.

Dumbness produced by Sulphate of Quinine. By DR. MENAGE.—Madame L., 22 years of age, nervous, irregular in menstrual functions, subject to hysterical affections, was seized with intermittent fever, which evinced its activity by the periodic return of the above symptoms. After the six first attacks, 12 grains of the sulphate of quinine were ordered, to be exhibited in three doses during the intermission. The two first doses produced no effect; but immediately after taking the third, extreme nervous excitement was induced, the features became sharp, the eyes projecting; there was violent pain in the head, and, finally, a total inability of utterance. The sense of hearing and sight were unaffected. This condition, after lasting for twenty-four hours, ceased instantly, leaving behind it merely a slight confusion in the head. The fever did not re-appear.

This case loses much of its interest from occurring in a hysterical patient. A similar case was observed by M. Bertin, and published in a thesis by that gentleman in 1839.—*Gaz. Med. de Paris*.

Medical Miscellany.—A society has been formed in Cincinnati, on the plan of the British Association, with a medical section, law section, &c., auxiliary to the Western College of Teachers.—Dr. Gross, we learn, is preparing a work on surgical anatomy. Such a work, on a systematic plan, is much needed, and Dr. Gross is the very man to write it.—The school at Louisville is well settled, after the trials and difficulties felt for the last four months, and will doubtless have a large class next winter. May she prosper, without any further trouble.—Sir Charles Bell, at a late date, was in London, on his way to Rome. It is untrue that Sir Charles is dissatisfied with his Edinburgh chair.—M. Ricord is also in London, visiting hospitals and seeing the medical lions of the British metropolis.—The lecture session of the University of Maryland will open in September. Dr. W. N. Baker's services have been secured for an additional course of lectures on surgery.—Dr. Dubouy, of the Navy, is translating M. Bouillaud's treatise on the heart.—Dr. Hannay, of the Lock Hospital, strongly recommends the daily use of three or four leeches to the gums and nose in those inveterate venereal ulcerations of the soft parts, which are always considered formidable, even in the mildest form.—The American Medical Intelligencer, for June 15th, gives an abstract of the annual report of the Pennsylvania Hospital, ending April 25th, 1840. Whole number of patients, 1155; deaths, 84; cured, 590.—We continue to hear much of Dr. Stearns's Philosophy of the Mind, without knowing certainly of any one in New England who possesses it. The first proposition is this, viz., "man consists of three entities—body, soul and mind." The author was formerly president of the Medical Society of the State of New York.—Dr. Clark's little patient, tapped by him several times for hydrocephalus, is represented to be recovering. The case should be minutely detailed for the profession.—Dr. Post relates the case of a girl, 16 years of age, who

made a mis-step with a child in her arms, and probably, from all he could discover, separated the epiphysis from the neck of the thigh bone. The accident is of rare occurrence. The limb is now a quarter of an inch shorter than the other.—It is shameful that Dr. Stewart's translation of Billard is claimed to be a production of England. Dr. Stewart resides in the city of New York.—Dr. Chapin's instrument for the treatment of prolapsus uteri, is certainly thought well of by physicians.—Mrs. Gove's Health Journal intimates that anything in the character of a contribution, sent to Mr. Graham, at Northampton, Mass., would be gladly received; and the editor says—"We would suggest to all who have been benefited by his teachings, to send him something in this his hour of *extreme need*." What does this mean? In an editorial article by the same lady, she says that Graham's Lectures to Young Men is a book that should be in every family, and should be read by every adult." We beg to differ from this opinion—for we would as soon recommend the public patronage of brothels as a family patronage of that book of books on self-pollution. "Evil to him who evil thinks."—Dr. Cyrus Knapp, of Augusta, Me., has been appointed, by the Governor of that State, physician to the Maine Insane Hospital.—Dr. Bell's Select Library for July, comprises a continuation of Hunter on the Animal Economy.

TO CORRESPONDENTS.—A case of carcinomatous tumor of the rectum is deferred till next week; also an obituary notice of the late Dr. Gowdey, of Vt.

MARRIED,—At Pepperell, Mass., Amos B. Bancroft, M.D., of Groton, to Miss Marietta Shipley, of P.

DIED,—At Westfield, Mass., Dr. James Holland, 78.—In Dedham, Dr. George H. Gay, dentist, of this city.

Number of deaths in Boston for the week ending July 11, 27.—Males, 13—females, 14.—Stillborn, 3.

Of consumption, 1—concussion of the brain, 1—smallpox, 1—casualty, 2—infantile, 3—drowned, 1—sudden, 1—child-bed, 1—dropsy, 1—convulsions, 2—dropsy on the brain, 1—apoplexy, 2—enlargement of the heart, 1—brain fever, 1—scarlet fever, 2—stoppage in the bowels, 1—fits, 1—croup, 1.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	- - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	- - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	- - -	JOHN DELAMATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	- - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	- - -	SUMNER RHOADES, M.D., Geneva.

THOMAS SPENCER, Registrar.
C. B. COVENTRY, Dean.

Geneva, July, 1840.

Jy 15—101

PRIVATE HOSPITAL.

THE success of this establishment, since it has been in operation, has encouraged Dr. Jones (my partner in business), to purchase the more spacious and convenient house in Elm street—recently occupied by Justice Willard, Esq.—for a hospital; and he is fitting it for the reception of patients. Dr. Jones and family will reside in the house, and have the charge of its internal economy, and his professional services, when necessary, will be added to my own.

The Hospital will continue to be, under our joint care, what it has heretofore been—"For the treatment of Invalids and for Surgical Operations."

JOSEPH H. FLINT.

Springfield, June 26th, 1840.

July 1—3t*

A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if by letter, post paid.

June 2—coptt

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	- - - - -	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Prof. HAYWARD.
Chemistry, by	- - - - -	Prof. WEBSTER.
Theory and Practice of Physic, by	- - - - -	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

Boston, July 6, 1840.

Jy 15—tN1

WALTER CHANNING, *Dean*.

NEW HAMPSHIRE MED. INSTITUTION AT DARTMOUTH COLLEGE.

THE annual course of Lectures in this Institution will commence on the 6th of August, 1840, and continue three months. The Introductory Lecture will be given on that day at 3 o'clock, P. M.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

DIXIE CAOSBY, M.D., Professor of Surgery, Surgical Anatomy and Obstetrics.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER W. HOLMES, M.D., Professor of Anatomy and Physiology.

JOSEPH ROBY, M.D., Lecturer on the Theory and Practice of Physic, and Materia Medica.

All operations before the medical class are performed *gratis*. Facilities for private dissection will be afforded if desired.

Fees for the course, \$50. Matriculation, \$3. Graduating expenses, \$18.

Hanover, June 22, 1840.

By order of the Faculty,
Jy 15—cptA6

OLIVER P. HUBBARD,
Secretary.

PHYSICIAN WANTED.

A YOUNG physician, well qualified and well recommended, will find an eligible situation in a pleasant country town, by inquiring of John Romans, M.D., Boston; John Green, M.D., Worcester; or of the subscriber, Rutland, Mass.

Rutland, July 6th, 1840.

Jy 15

GEO. ESTABROOK.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

Boston, June 24, 1840.

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JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIV.

WEDNESDAY, JULY 21, 1841.

No. 24.

TENOTOMY—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In compliance with your request, I report to you the following case of tenotomy. The subject of the operation is a man *æt.* 27, slender constitution, nervous temperament. His father, a worthy clergyman, informs me that his son at birth was small and feeble, but not deformed; he continued feeble a number of years. When about one year old his lower limbs began to draw up. He was unable to walk till more than three years old, and then very awkwardly, with his limbs much bent. The muscles continued to contract for several years, until the legs made nearly a right angle with the thighs. The heels were also somewhat drawn up. From that time to the present there has been little alteration in the deformity. The limbs are nearly alike; very much wasted, and but limited motion in the knee and ankle joints; tolerably full motion of the hip-joints, but the thighs do not admit of perfect extension. He walks with great difficulty. The action of the extensor and flexor muscles is simultaneous and equally balanced, presenting the appearance, when walking, of almost complete ankylosis of the hip, knee, and ankle joints. Progression is principally made by swinging the body from side to side, describing with each foot the segment of a circle, with the toes much turned out. The faculty of the alternate action of the flexor and extensor muscles has not been acquired to any great extent.

The deformity is evidently produced by shortening of the flexor muscles. Division of the tendons of these muscles, according to the late method adopted for the cure of deformed feet, offers a fair prospect of success in this case. With the aid of Drs. Young and Parker, on the 4th of May, 1840, I divided the hamstrings and tendo-Achillis of the left limb, in the following manner: The patient being placed upon a bed, face downward, with the knee resting on a board to prevent the limb from settling so far into the bed as to render the operation inconvenient, a puncture was made with a lancet on each side of the ham, through which a probe-pointed bistoury was introduced, and passed between the skin and the sheaths of the tendons, flatwise; the edge being turned towards the tendon, which was now made tense, it was divided, and its sheath partially so, by repeated, short, gentle strokes, until the tendon separated. The undivided portions of the sheaths resisting considerably the extension of the limb, after the division of the tendons, they were completely divided, which allowed the limb to be brought nearly straight without straining.

Extending the leg increased the extension of the foot so much that it was found necessary to divide the tendo-Achillis in order to secure any benefit from cutting the hamstrings. This tendon was divided as the others were, by cutting down upon it with a bistoury passed through a lateral puncture made with a lancet. The whole limb now came into very satisfactory shape. There was slight hæmorrhage from the ham, none from the ankle. The punctures were closed with patches of court-plaster, compresses and rollers were applied, and the limb extended upon a strip of clapboard, with the foot at right angle with the leg, and secured with a few turns of the roller bandage at the upper part of the thigh, at the ankle, and over the knee. The only after-treatment found necessary, was keeping the dressings wet with spirit and water. No inflammation ensued. The patient complained of some pain in the knee-joint after a few hours, which did not subside until the limb was allowed to be flexed, two weeks after the operation.

On the 2d day of June following, the right limb was operated upon in the same manner, and received the same treatment up to the fifth day from the operation, but the result was less favorable. Patient went on well to the third day. I did not see him again till the 5th, when I found erysipelatous inflammation had attacked the posterier part of the thigh, which was much swollen, hard, tender and painful; pulse frequent and quick; pain in the head; thirst; tongue coated and dry; skin rather hot and dry. On removing the dressings, one of the punctures was open and somewhat enlarged; some discharge of very offensive bloody matter. I immediately enlarged the opening, and pressed out nearly two ounces of highly fetid and partially broken-down coagula. A fermenting poultice was applied to the wound, and the remainder of the thigh was directed to be kept wet with a solution of *ac. plumbi*, in vinegar and water; placed the patient on his side with the leg bent. Fifteen grs. *submur. hydr.* were administered; *sulph. mag.* directed to be given in four hours, to move the bowels freely.

On the following day the symptoms were more favorable. The pain, tenderness, swelling and hardness of the thigh, less—much less constitutional disturbance. The poultices have received considerable offensive bloody and purulent matter from the wound; nearly an ounce was forced out at the last dressing. The *submur.* has operated favorably without the aid of the salts.

June 14th. The inflammation has nearly subsided. Discharge slight, purulent; no febrile excitement; appetite returned; patient feels very comfortable, and in good spirits. The limb was extended to-day without much complaint. Placed the patient on his back, with the limb resting on a pillow to prevent painful extension.

17th. Bears extension of the limb very well; it cannot be brought quite straight without pain, however. Wound not disposed to heal. Applied *nit. argent.* to wound, and brought the sides together with sticking plaster. Application of the caustic was repeated several times, at intervals of two days. The limb was kept extended three weeks from this date, when the patient was allowed to bend his limbs and exercise them at pleasure. Very little pain or tenderness; wound closed.

30th. Nothing worthy of note has occurred since 17th. Laxatives and tonics were had recourse to from the time the febrile symptoms passed off. He walks abroad daily, and with more ease than before the operation.

There are two prominent points of interest in this case. The first is the rapidity and regularity with which the spaces between the ends of the divided tendons were filled with the appropriate substance in both limbs, more especially in the right ham, where circumstances could have been hardly less favorable. The second is the cause of the erysipelas. Was it the confinement of putrid blood in the ham? admission of air into the wound at the time of the operation? or was it the division of the tendons under an unfavorable state of the system? I am inclined to impute it to the confinement of blood in a putrescent state, because the disease soon subsided after the removal of the blood, which would not have been the case if the air had been the cause, for its free passage into the wound could not be prevented at each dressing, which would have prolonged the inflammation—and it appears quite certain that the tendons or their sheaths could not have been seriously irritated, otherwise they would not have united so readily as they did. Had the ham been bandaged tighter for a few days, probably there would have been less hæmorrhage and a complete absorption of the blood.

July 2, 1841. The present condition of the patient is not so good as I had confidently hoped it would be at this time. Yet enough has been accomplished to recommend favorably the operation in similar cases. The want of complete success I impute principally to sadly deficient intelligence in my patient. He has not yet acquired the faculty of alternating the action of the extensor and flexor muscles to much extent, which gives a stiffness to his gait. But instead of swinging from side to side, with his toes scraping the ground, he goes directly forward, while the heels are disposed to scrape. He can stand tolerably straight with an effort—but when walking, bends the limbs to save an effort of the extensor muscles of the legs. Nothing appears necessary but a thorough education of the muscles, to enable him to walk well.

Harvard, July 2, 1841.

Very respectfully,
E. A. HOLMAN.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—*ESSAY IV.*

THAT the seat of yellow fever is the stomach, the most eminent writers agree. We may on this point, among others, refer to Drs. Rush, Physick, Jackson and Waring; the latter of whom examined at Savannah, in 1820, no less than 60 bodies dead of that disease. In some of these the inflammation or irritation extended to other parts of the alimentary canal, yet the stomach was the centre, and its mucous membrane the part most morbidly affected. The small vessels of it, which in a healthy state contain only serum, were distended with red blood; and the matter of black vomit, which he thought to be neither blood nor bile, was a secretion, or transformation, of the contents of those minute vessels. When

hemorrhage preceded the vomiting of black matter, it was owing to their having burst. But hemorrhage afterwards was referred to ulceration or sphacelation of the same inner coat of the stomach; and which might, although less frequently, take place in any part of the canal, "*and even on the tongue.*" One novel view he entertained, which was, that without much alteration of the capillary vessels, the matter of black vomit might be effused, without any mark of inflammation—and what was still more strange, with apparent relief to the stomach.

Dr. Deveze, in the yellow fever at Philadelphia in 1793, describes the stomach and intestines as highly inflamed, thickened, gangrenous, in spots, and containing coagula, with fetid and black materials. The brain was found in appearance healthy, as was the liver sometimes, but not always. And it is worthy of very particular notice, that the lungs were found, as in the pneumonia typhoides, when epidemic in winter in the northern states, *gangrenous*. But this state of the lungs is not mentioned by every writer on yellow fever. Indeed, the paramount point of agreement is, that the stomach is the seat of the most constant, the most marked, the most extensive morbid injury and fatal lesion of all the viscera. Still, by ascertaining the seat of a disease, we do not always ascertain why it is there seated, nor the cause of such location. Nor do we find out, what of all other things we most desire to know, whether these morbid appearances of the stomach are the causes, or only the consequences, of yellow fever. And if it is answered that they are causes of the fever, still the inquirer would be wont to follow up his question by inquiring, what caused the distension of the serous vessels of the lining membrane of the stomach—the acrimony of its contents, which excoeriated the throat, mouth and tongue—and the blackness of the black vomit?

We are, contrary to our previous impressions, compelled to believe them consequences, all of them, of that cause which produces the fever, showing itself locally. One argument in favor of this, and indeed a principal one, and one of such force and weight that we know no means of parrying it, is, that in those cases which destroy life the soonest, there are none of these phenomena, nor any other local lesion, nor morbid appearances, discoverable on dissection.* The inference from which is, that the universal diffusion of the cause, over the whole system, prevents such concentration of it as to produce blood-shot capillaries, inflamed membranes, acrid secretions, or black vomiting; whilst the lungs lose the power of oxygenating the blood, the brain of influencing the heart, and the heart of carrying on the circulation. Hence, as local affections are most intolerable, toothache being more complained of than consumption, so those cases which proved most suddenly fatal, were such as disturbed the patient the least; who would scarce own himself unwell, when his physician found his pulse intermitting, feeble, slow, or scarcely perceptible; his skin cold and a viscid moisture upon it. This was not, however, a true description of every suddenly fatal case; some being seized with violent terror, and quickly losing their senses and all power of voluntary motion, with severe tremor, died in the short space of a few hours. Both

* See Deveze, Savareys and Bally.

kinds of these sudden cases are, however, directly in point of the position which we have in view, as exhibiting no disorganization, inflammation, effusion nor sphacelation, when examined after death; the febrile poison resembling in its effects the poison of hydrocyanic acid, in the smallness of the pulse, coldness of the extremities, and in occasioning death without leaving any trace of local action whatever—whilst the more numerous cases in which death is preceded by black vomit, may be, in the lesions of the stomach, compared to poisoning with arsenic. Still there is this difference—the yellow fever stomach is disorganized by the local determination of universal disease to that particular part; whilst the stomach, deranged by arsenic, has the deleterious agent locally applied to that organ.

Again, in the cases which we have compared to poisoning with hydrocyanic acid, life was extinguished without re-action or any local determination, inflammation or sphacelus; the fomes of fever being so deleterious and abundant, as at once to prostrate nervous energy and sanguineous circulation. Consequently, the senses, the muscular strength, and life itself, were at once laid in ruins.

The bladder, in yellow fever, was found inflamed, contracted, and containing black, bloody, and fetid urine; differing in that respect from pneumonia typhoides, in which the urine was copious, although sometimes very high colored. The state of the stomach in the latter did not usually exhibit anything comparable to the malignant lesions of the former, but was loaded with a vast amount of gelatinous slime, looking like the white of an egg; and a viscid perspiration, but not critical, was spontaneously extruded on the surface, of which the whole of the other secretions, including the gastric juice, partook, as respects their viscosity.

All epidemics of high malignity have many symptoms in common. So much so, that some have supposed that when Hippocrates was managing the plague of Athens, he was in reality combating the yellow fever. And others find in the *winter fever*, and *new fever*, of Sydenham, our winter epidemics, and pneumonia typhoides. We are rather inclined to think that the latter opinion may be correct, and that there was a cessation of that particular disease as an epidemic, from 1685 to 1811. Possibly, however, John Bell might have seen it a few years preceding, as he describes its symptoms very precisely.* He also tells us, that in the plague and in low and pestilential fevers, the *heart enlarges*—which is no more wonderful than what we have previously mentioned respecting the thickening and increased volume of the tongue, which may, as before hinted, be considered as an index not only of the state of the stomach, but far more extensively of the other viscera likewise.

But it is not necessary to call in the aid of these phenomena in order to account for the usual symptoms of pneumonia notha, or typhoides, the want of oxygenation in the blood being for the most part sufficient; although an enlarged heart, which is “curbed in its actions,” would present a serious source of disaster—and more especially if John Bell’s views be carried still farther, that the heart of the lungs and the heart of the body do not always act simultaneously, but that one may move inde-

* See his Anatomy, Vol. II.—on the symptoms of peripneumonia notha, pæs. 186-187.

pends of the other. Supposing that the work of a proper circulation through the lungs was greatly impeded, we have a clue to the cough, difficult respiration, and engorgement, of the aerial organs; whilst low delirium, stupor, tremor, irregular or suppressed pulse, coldness of the extremities, which nothing could overcome, with oppression, anxiety, and a livid color, would at once receive an explanation from ill-oxygenated blood being sent to the brain.

There are certain considerations with respect to sudden deaths and entire escapes from fever, during the prevalence of deadly epidemics, which occur to us here; and we may also include those who are very ill and yet recover. If the cause be very much concentrated and the predisposition very great, persons may perish, as we have seen, before fever, inflammation, or any local lesion, has time to form. In cases more protracted, one organ, as the stomach, may be more debilitated than other parts, and the main force of the disease fall upon it, and immense suffering and disorganization ensue. But a third class may have no particular part predisposed to receive morbid impressions, and withal a constitution calculated to bear up under the influence of causes vastly concentrated, even such as would kill others who had a brain and heart more irritable; and thus they escape, although they may have as many or more premonitory signs of coming down as those who do come down, perhaps to die. It is thus that a practitioner may not be able to judge, or prognosticate, so accurately at first, who is about to be seriously ill, as he is of the seriously ill who is likely to recover or to sink.

There are some other considerations of great weight in accounting for unexpected escapes and surprising recoveries. Some persons have, from hereditary predispositions to certain diseases, such as insanity, gout, scrofula, apoplexy, &c., a contra-stimulus, or counter-irritation, within themselves, which does more to secure immunity from the fomes of fever, than all the boasted prophylactics. And even if they are, as still they may be, severely attacked, they are thus made more sure of recovery, than by all the counter-irritants their physician could devise. The influenza, in its last extensive visit through the United States, proved very severe and considerably mortal in some parts of South Carolina. But it was observed that corpulent people escaped the epidemic. This, whether correctly or not, was imputed to their greater capacity to retain heat and resist cold, than that of those who had not so warm a fleshy covering. Again, the cause of almost any disease may fall so equally upon the systems of some, as to produce no considerable morbid impression upon any one part; so that as every part, external and internal, skin, nerves, viscera, muscles and bloodvessels, bear all their just proportion, no harm ensues, or only a very slight indisposition. That the stimulus of ardent spirits in those who use them to great excess does not produce fever, was to us formerly very unaccountable until this solution occurred. They appear to excite the brain, heart, arteries, veins, nerves, muscles and capillaries, in such an equal ratio, that no fever is usually produced. Notwithstanding which, when such persons are attacked, their power of resisting disease is immensely diminished. But that in very large potations ardent spirits do have a local termination to the brain, is fully proved by

alcohol, in such a concentrated state as to *burn*, having been found in the ventricles of those who have died drunk.

When there is great excitement in the arteries, with atony in the veins and capillaries, an effort ensues to restore an equality in the circulation, and fever is the consequence, without inflammation, or partial determination. But when atony occurs in any one viscus, or only partially on the skin, there is inflammation of that viscus, or erysipelas on the cutis. Further, if there is universal atony, there may arise what has been by Mr. Hunter termed the *stimulus of necessity*, or what the Brunonians term asthenic inflammation—which, however, Broussais would deny, and so far we believe him correct. But when he makes the struggle that ensues to consist in sthenic inflammation, he falls into a greater error than he corrects; there being in fact no kind of inflammation, but only a re-action which is often salutary, as it restores lost energy and a depressed pulse to a more healthy beat.

We at one period thought it might be possible to settle the question whether yellow fever was imported, and was a distinct disease from the high grades of indigenous bilious remittents of our own country, by a reference to *post-mortem* inspections. But upon further investigation we find that autopsies of this kind vary, as do the symptoms during disease. A yellow skin and black vomit have been thought the most certain signs of an imported contagion. Still, death may take place without them, in the same season, same infected district, same house, and same family. It is a curious fact that Mr. Charles Curtis, an eminent medical character of the Anglo-East Indies, speaks of yellow fever as being carried from the United States to the West Indies; he considering it indigenous in the former, and imported when it appears in the latter.

There is one point of distinction between yellow and remittent fever which has been observed in the West Indies, which is important in settling its pathognomy there. It is this, that yellow fever very seldom seizes those who are habituated to the climate, whilst remittent fever is wont to harass them all their lives. This is certainly calculated to prove a difference not confined to *grade*, but one that is *radical*. At the same time this writer (A. Manson, Esq., late surgeon in the British navy) disbelieves its importation from Boullam, as Dr. Chisholm supposed, into Grenada, or that it is contagious.* Yet in acknowledging a total difference between it and remittent fever, he puts into the hands of the contagionists the heaviest war-club that they have ever possessed; it having been long contended by the non-contagionists in this country, that yellow fever is only a higher grade of our indigenous bilious remittent fevers, exalted by heat and the local miasm of putrefying substances, foul streets, foul ships, habitations and clothing. Now as to the opinion of Mr. Curtis, that we Americans have the yellow fever amongst us, and export it to the West Indies, it forms a curious example of the *universality of deception*. That crews of American vessels are often attacked in numbers and die there, when there is no alarm before their arrival, gives a speciousness to the opinion. The expeditions to Martinique, Gaudaloupe, and the Havana, when in 1756 England and America acted in

* Mr. Manson having been attached to the West India station, had seen the disease there,

concert, were attended with a most appalling and horrid loss of life; and this, when it does not appear that the inhabitants of those islands were suffering any sickness at all. This might have given origin to the strange notion that English and American troops brought the fever with them, when they were dying by hundreds, whilst there was no unusual mortality before their arrival, nor afterwards except among themselves. Dr. Hunter informs us that of 5000 troops who took possession of St. Lucie, scarcely a man of the original number remained at the end of one year; although the sword of the enemy had destroyed an inconsiderable number.

A disease of the tropics, depending entirely for its existence upon a tropical climate, cannot appear where the heat, in some part or portion of the country or season, is not tropical. But the atmospheric poison of yellow fever becomes congenial to the acclimated population, and suddenly poisons those only whose habits are uncontaminated. Just as opium, ardent spirits, and three regular and full meals a day, destroy the Indians of this country, because neither they nor their ancestors were used to them. Whilst the whites use them all and often to excess, and remain in comparative health.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.

Fractures of the Leg.—July 3d. P. D., æt. 37, employed as a sawyer in a ship-yard at Medford; while moving a stick of timber, it rolled over and struck his leg against another timber. The right leg, upon his admission, was found much swollen and tender. Upon pressure along the spine of the tibia, five inches above the malleolus, he had acute pain, and by rotating the foot slightly, distinct crepitus was felt, and the bone gave way at this point. The fibula could not be distinctly felt on account of the swelling. The foot was slightly everted, but on placing it in its natural position, the axes of the fractured portions of the tibia became coincident. A roller was applied to the foot as far as the ankle, and a tailed bandage from thence to the knee, the limb to be kept wet with diluted alcohol. Over this were applied three splints well padded, extending from the knee to the bottom of the foot, two of them having a hole at the bottom to receive the projection at the ankle.

July 13th. Upon examination found the swelling very much diminished; the fractured portions have retained their position perfectly. Apply the starch bandage.

The next case is a stout athletic man, aged 36 years, who was standing (July 9th) at the door of a shop, when a person, who was running out, unintentionally kicked him severely upon the right leg, breaking both bones. He represented his health as good, except that he has been subject to epilepsy since childhood, and denied having taken any ardent spirit for many months, although apparently intoxicated when admitted. The subsequent history of the case, however, confirmed the opinion that his assertions on this point were not to be believed. On examination, the integu-

ments were contused over the middle of the tibia, which was fractured obliquely about four and a half inches above the malleolus of the fibula five inches higher. From the shortness of the lower fragment and the action of the muscles, there was some difficulty in keeping the fractured ends in apposition; the sharp end of the upper fragment projected nearly through the skin; the foot was everted, with distinct crepitus on slight motion. Extension was made on the leg by an assistant, while the fractured ends were brought into apposition and a tailed bandage applied closely from the ankle to the knee. A splint was then placed on each side of the limb and confined by tapes. By these means the foot was found to preserve its natural position, and the leg its proper length. The second day from the date of the injury he was seized with a fit, attended with convulsions, during which the fractured limb was much deranged by his exertions. The succeeding night he suffered from severe cramps in his limb, followed by great agitation and excitement. Delirium tremens supervened; it became necessary to confine him by straps to the bed, to prevent increased injury to the limb, and on the fourth day from the occurrence of the fracture he died.

Autopsy, five hours after Death.—The organs generally were found healthy. The mucous coat of the stomach was rather soft, thin and opaque. The arachnoid membrane was slightly injected, and rather thicker and more adherent than usual. The ventricles contained about the usual quantity of serum. The exterior of the injured limb presented an entire black surface, in front occasioned by the exertions of the patient to remove the dressings from the leg. The tibia was fractured obliquely upwards, commencing anteriorly and passing backwards; the fibula five inches above it, splitting the bone to the extent of four inches.

All surgeons of experience agree in the fatality of delirium tremens when following fracture, more especially when it is compound; and in this case the patient being subject to epilepsy, added another reason for giving a fatal prognosis. *Drunkards often become delirious and die in consequence of fractures and other severe injuries.*

CASE OF COMPOUND COMMUNUTED FRACTURE OF THE SKULL.

[Communicated for the Boston Medical and Surgical Journal.]

LEICESTER HOLLOWAY, aged 21 years, residing in the town of Hometown, Jefferson Co., N. Y., had his skull fractured badly on the night of the 11th of July last, by the explosion of a small cannon. I was called at midnight by Dr. Dickinson, his attending physician, about three hours after the accident. I found him covered with blood, and perfectly insensible and comatose. On the right side of the head, in the situation of the temple, was an extensive wound, four inches in diameter, through which the brain protruded, followed by alarming hemorrhage. With this view of the subject, I proceeded to a further examination, and having removed the hair and coagula from the wound, I discovered a large hole in the head, the size of a Spanish dollar; and on introducing my finger, fractured portions of the bone were distinctly felt imbedded in the sub-

stance of the brain. The temporal artery was lacerated, and the meningeal membranes were literally torn in strings. I of course had no occasion to employ the trephine in this case, as the fractured portions were entirely detached and readily removed by means of the forceps and my fingers; besides this, there were also pieces of wood (being pieces of the wood-work of the cannon) and much disorganized cerebrum and locks of hair. These having been all removed, an elevator was introduced, the surrounding portions raised to their proper level, and the wound dressed with plain dressings.

On the following morning I found him much the same as when I left him the night previous. The wound had bled freely, but was checked by cold applications. I now ordered him an enema and some light drinks, and left him with the attending physician.

On the 13th his pulse had risen and was quite active; had some fever; was quite insensible and slept incessantly. Twenty ounces of blood was now taken from the arm, his head was shaved, and cold applications were constantly used. This produced decided relief in the course of the day, and he soon showed signs of returning sensibility. He was again bled on the 14th, his head was dressed, an enema given, his bowels kept freely moved, counter-irritation to the extremities, low diet, diaphoretics, and other forms of antiphlogistic treatment, were persevered in, until suppuration was established. The discharge from the wound was exceedingly fetid, but was corrected by means of yeast poultice and a solution of chloride of soda. Under this treatment the wound granulated, but was prevented from healing by a large *hernia cerebri* which protruded through the ragged opening. I ventured to remove this by the knife, with the hope that I might be able to draw the wound together before another hernia could present itself. But in this I did not succeed; the pulsatory action of the brain was so strong (notwithstanding the amount of blood lost), and the opening in the skull was so capacious, that another tumor—larger than the first—soon made its appearance. It was not possible to restore this by pressure, it being larger than the opening through which it protruded, and I dared not venture to cut it off lest fatal hemorrhage should ensue. I at length succeeded in removing it, by cutting it a little every day at its base, at the same time diminishing the size of the wound by promoting granulation and approximating the edges by strips of adhesive plaster.

At the end of five or six days the hernial tumor sloughed away, and beneath it were formed healthy granulations, which served the purpose of a compress, and effectually prevented a return of cerebral protrusion. A small opening, however, remained, through which the suppuration from the brain was continued and promoted by poultice, till at the end of five weeks it healed. In about one week more the wound again opened and discharged, and on examination a large piece of bone was found exfoliated, and was working its way towards the surface. This I readily removed by enlarging the wound, and in a few days it entirely closed and cicatrized. The patient is now restored to health, without the least interruption of his mental faculties.

F. A. CADWELL, M.D.

Watertown, N. Y., June, 1841.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 21, 1841.

PRESENT CONDITION, PROSPECTS AND DUTIES OF THE MEDICAL PROFESSION.

At the annual meeting of the Massachusetts Medical Society, in May last, Dr. Reynolds delivered a discourse that met the universal approbation of the members. Within a few days, it has appeared in the regular business publication of the Society, in connection with the doings of the Fellows, the Board of Counsellors, Committees, &c. for the previous year. We recommend it to the careful perusal of those excitable gentlemen of the profession who run post-haste after every new-fangled scheme in medicine that is presented to the community as an important improvement. In speaking at large on the subject of homœopathy, the spirited orator arrives at the following conclusions. "Such are the chief elements of homœopathy, or the transcendental reverie of a German charlatan, as gathered from the peculiar and uncommon dialect of the Organon; which, unequalled in folly by the wildest ravings of Paracelsus, lays its bold claim to favor, as the last, the best, and the ultimate point of medical perfection." "It has been forty years travelling from the obscure place of its birth, to our transatlantic shores. It is probably destined, like Mesmerism and all other kindred species of medical humbuggery, to have its run; and after, in its turn, heaping another full measure of ridicule upon the healing art, to transmit, at its death, as a compensation for the temporary injury inflicted upon a noble profession, more abundant proofs of the successful manner in which nature triumphs, under regulated diet, over many diseases, without the help of art." What will the learned Boston animal magnetism committee say to this direct insult to the altar at which they make their genuflexions? A more unfortunate mis-step could not have been made by Dr. Reynolds. It would not surprise us to learn that the whole sage committee of twenty-four, with Collyer as commander-in-chief, had annihilated such a presumptuous desperado.

Clinton—a Georgia Albino.—A boy, eight years of age, born of perfectly black parents, from Georgia, is now on exhibition in Boston. As albinos are by no means rare in this country, this show will not prove a very profitable speculation. A few years since, there was a female albino in the Boston Alms-house, supported at the expense of the city, quite as much of a curiosity as Clinton; yet no one ever went a rod out of the way to view the curiosity. The young woman who is travelling about the States, under the care of Col. Paige, is a better specimen of a white negro than almost any one seen here at the North. The pink eyes, of which so much is said in the advertisements, require a large volume of faith to discover.

Yale College.—Lectures commence on Thursday, Sept. 30th, and continue till the 19th of the ensuing January. This is an excellent and

well-managed school of medicine, to which young gentlemen can be confidently recommended. On the seventh page of the circular it appears some donations have been made to the institution, of late, but no particulars are given. From year to year, the Connecticut Medical School has maintained a high and increasing reputation, and seems not to have been affected by events which have almost obliterated some of their rival neighbors a few hundred miles off.

Maine Thomsonian Convention.—From the Recorder, one of the eclectic periodicals of the order, it seems there has been a great convention at Waterville, in the State of Maine, characterized by a multitude of resolutions, and bold insinuations that they intend to put society into a condition of health before they rest upon their oars. One of the essential objects of the convention seems to be the establishment of a Thomsonian medical school, somewhere in New England. We earnestly hope the wise ones of the corps will fix upon Boston. If they wish it to flourish, it must be located here; anywhere else north of New York, and it must languish and ultimately be abandoned. Our exceeding desire to have the standard of Thomsonian instruction planted in Boston, is based upon the belief that the students would avail themselves of the various opportunities which the city presents for studying medicine and surgery on rational principles, and thus, instead of constituting a mere ignorant, presumptuous, pepper-dealing fraternity, they would stand some chance of discovering that the road to science is not alone through a canister of *pulverized lobelia*.

Circulars of Medical Colleges.—These are coming in daily from all sections of the Union. Both the local conveniences for the accommodation of students, and the system of instruction in each department, show most satisfactorily that the progress of medical science is onward and upward in the United States. All the Philadelphia, New-York and New-England circulars evidence a commendable industry with reference to the forth-coming lecture season.

Medical Staff, U. S. A.—On the 25th of May last the following gentlemen were approbated, by the Army Medical Board, and have received commissions as assistant surgeons: Charles Isaacs, of Mississippi; Richard H. Coolidge, New York; Robert S. Holmes, Pennsylvania; Charles W. Stearns, Massachusetts; William Levely, Maryland; Dabney Herndon, Virginia. Alexander F. Suter, Charles Hitchcock and William Maffitt, assistant surgeons, were examined for promotion to surgeons by the same board.

Lectures on Medical Jurisprudence.—Mr. Ticknor has kindly sent to the Journal office a copy of the American edition, by Messrs. Lea & Blanchard, of Philadelphia, of *Outlines of a Course of Lectures on Medical Jurisprudence*, by Thomas Stewart Traill, M.D., &c., which will have a special examination.—Mr. Ticknor has an excellent collection of medical books, where those in pursuit of the rarest and latest works, in ancient or modern languages, will be sure to find them if on sale in Boston.

Homœopathic Books.—Notwithstanding the ridicule of some, the anathemas of others, and the contempt of many leading professional men in regard to homœopathy, it is evidently gaining friends even in staid New England. We have been as active as any one in endeavoring to open the eyes of the credulous to what we honestly believe to be wholly unworthy of serious thought; but instead of keeping the world where it was, we are obliged to acknowledge that a spirit of inquiry into the philosophy of this supposed improved system of medical management, converts very many to the comfortable opinion that half is better than the whole. In other words, all the efforts made thus far, hereabouts, to arrest the progress of the new doctrine, have failed; both practitioners and patients are increasing. As an item of intelligence, therefore, which may be interesting to some of our readers, we would inform those who are favorably disposed towards homœopathy, and who wish to avail themselves of every possible opportunity of understanding what we verily conceive to be of no importance, that at No. 10 School street, as may be seen by our advertising page, all the principal publications of this school of medical new lights may be found.

Mortality of Children at the Sandwich Islands.—Dr. Andrews, under date of August, 1840, speaks of the mortality of the native children of these islands, in connection with the fact of the decrease of the native population. Since his residence at Kailua, an effort was made to ascertain what proportion of them live. The result shows that more than one half die under two years, and a very considerable part of those between the periods of six and twelve months. If they arrive at two years, a few only, comparatively, die in childhood. He does not attribute this mortality to the climate. Insufficient clothing, improper food, and want of cleanliness, are the great agents of their destruction. It is the practice of the Islanders to feed their children at a very early age, and often from birth, with *poi*, a salmagundi of fish, sea-weed, sea-eggs, &c. Indigestion, dropsy, diarrhœa, and a host of bowel complaints, follow. It is not uncommon, says Dr. Andrews, to find females who have lost all or nearly all their children, to the extent of ten or twelve—in infancy too. “I know one woman,” says the doctor, “who says that she has borne twenty-one children, but one of whom is living—the others having perished in infancy.” “The younger class of women,” continues the writer, “could always tell me readily how many children they had borne; but from the aged, those who had become mothers in the days of darkness, I could seldom obtain any correct account. If they had any living, they could tell their number. If they had none, they could tell that; but ask them how many had died, and the reply is, *na nalowali, na uni loa*: a great many—I have forgotten.”

Naval Medical Appointments.—The Board of Naval Surgeons recently convened in the city of Philadelphia have closed their proceedings, and reported the result to the department.

Of the Assistant Surgeons examined, the following have been found qualified for promotion, viz.: Charles A. Hassler, of the date of 1834; David Harlan, of the date of 1835; Victor L. Godon, do.; Robert Woodworth, do.; J. Dickinson Miller, of the date of 1836.

Of those examined for admission into the Navy, as Assistant Surgeons, the following have been found qualified, viz.: 1, Andrew H. Henderson; 2, Ellis Hughes; 3, John Hastings; 4, Charles H. Broughton; 5, R. T. Maxwell; 6, Edward McKinley; 7, Alexander Y. P. Garnett.

Fiske Medical Prize Question.—The Trustees of the Fiske Fund announced at the annual meeting of the Rhode Island Medical Society, holden in Newport on the 30th ult., that there having been no competition on either of the questions proposed last year, no premium was awarded. The question for the year 1841-2 is, "What are the causes, character and nature of the Diseases of the Spine, both structural and functional, and what is the best mode of treatment to be employed in each?" This question is open to the medical profession at large.

The more surely to enlist some of the first talents of the profession in the competition, the trustees have resolved to offer for the best dissertation on the above question, the sum of *one hundred dollars*, or to present a gold medal of equal value, at the option of the successful competitor.

Every competitor for the premium is expected to forward to one of the Trustees, on or before the tenth day of April, 1842, free of all expenses, a copy of his dissertation, with a motto written thereupon, and also accompanying it a sealed letter, having the same motto inscribed upon the outside, and his name and place of residence within. Both dissertation and letter must be written in a clear and legible manner. Neither a name nor any other mark shall be put upon the dissertation, or any accompanying paper (save in the manner above designated), whereby the author will be known to the Trustees. Previous to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

The names of the Trustees are, Richmond Brownell, Providence; Theophilus C. Dunn, Newport; Jeremiah Williams, Warren. Secretary, Thomas H. Webb.

If more convenient, dissertations may be sent to the store of the Secretary, No. 109 Washington street, Boston, or Messrs. Bartlett & Welford, No. 229 Broadway, New York.

The Hamburg Medical College, and Union of Physicians in Hamburg.—We have received, through the kindness of Dr. Oppenheim, the address of Dr. Siemer, President of this Society.

It seems that former attempts at founding a medical society failed, from want of unity among the members; this defect, Dr. Siemer states, is now remedied, and the 143 physicians of Hamburg, and 36 of Altona, live together on very friendly terms. Still, there, as elsewhere, "it is not possible that sometimes a misunderstanding should not arise. The elements are too heterogeneous to form a uniform whole. Veniam damus, petinius que vicissim."

The whole pamphlet gives us the impression that the relations of the physicians of Hamburg are of a very agreeable kind, and that, as the author states, they differ more about ideas than persons. The object of this Society or union is to continue this friendly feeling; and although, on the one hand, the want of union depends upon the very nature of our art, which will probably never attain mathematical certainty, on the other this

very diversity may be useful and agreeable; "but we must separate the person from the thing"—that is, the scientific pursuit in which many different modes of culture are allowable.

The Society finally, on the recommendation of Dr. Siemer, elected a number of honorary and corresponding members; the distinction, we suppose, being that honorary members are supposed to be past work, and corresponding still active—at least, such is the construction that our own position in the list entitles us to take. Five corresponding members have been named in the United States—the Society selecting the representatives from the editorial corps, as among the most useful members of the profession, or, at least, among those who have the hard task of writing or compiling more matter than is always read. They are Dr. J. V. C. Smith, of Boston, and Drs. Hays, Dunglison, Biddle and Gerhard, of this city.—*Philad. Med. Examiner*.

Extemporaneous production of Ice.—Air being condensed in a proper reservoir, is suddenly suffered to escape by opening a stop-cock, and is conveyed to the spot (preserved wet with water, alcohol or ether) by means of a flexible pipe. The cold superinduced is below 32 deg.; hence water in a ball of glass is speedily frozen in such a current; and the principle is illustrated on a large scale in the mine at Chemitz, in Hungary. It is easily understood, and belongs to the phenomena of latent caloric.

Its extreme portability and simplicity, combined with its complete efficiency, recommend the instrument as a valuable adjunct to the medical practitioner.—*Lancet*.

Mode of Action of Cubebs and Copaiba. By M. RICORD.—At the sitting of the Royal Academy of Medicine, on the 8th of September last, M. Ricord showed a design of a case of accidental hypospadias, resulting from a urinary abscess. The patient affected with this infirmity having contracted a gonorrhœa, it gave rise to some curious observations. The discharge first showed itself in the vesical portion of the urethra, afterwards the part situated before the solution of continuity was invaded in its turn. Treated by copaiba, the vesical portion was soon cured, but the disease remained in the other part, and afterwards communicated it to the portion already cured. Cubebs was administered, and the discharge again ceased in the posterior portion of the canal. These facts show, according to M. Ricord, that cubebs and copaiba cure syphilitic discharges by the principles or properties which they communicate to the urine, and of which the urethra receives the influence by the passage of that fluid.—*Archives Générales de Médecine*.—*British and Foreign Medical Review*.

NOTICE.—It is proposed to issue, as usual, a Supplement of Medical Advertisements, to accompany the first No. of our next volume. Those wishing advertisements inserted will please forward them immediately. The price in the Supplement alone will be the same as for one insertion in the Journal.

Number of deaths in Boston for the week ending July 17, 20.—Males, 12; Females, 8. Stillborn, 5. Of consumption, 3—coxalgia, 1—croup, 2—infantile, 2—lung fever, 1—marasmus, 1—delirium tremens, 1—disease of the lungs, 1—typhus fever, 1—teething, 1—disease of the heart, 2—debility, 1—pleurisy, 1—paralysis, 1—drowned, 1.

NEW HAMPSHIRE MEDICAL INSTITUTION.

The annual course of Lectures in this Institution will commence on Thursday, the 5th of August next, and continue three months.

DIXIE CROSBY, M.D., Professor of Surgery, Obstetrics, and Diseases of Women and Children.

EDWARD E. PHELPS, M.D., Lecturer on Materia Medica, Medical Jurisprudence, and Medical Botany.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

JOSEPH ROBY, M.D., Professor of the Theory and Practice of Medicine and Pathological Anatomy.

EDMUND R. PEASLEE, M.D., Lecturer on Anatomy and Physiology.

Expenses for the course of lectures, \$50.00. Graduating, \$18. Matriculating, \$3.00. Board may be had at \$1.33 to \$2.00 per week, and abundant facilities for those who may wish to board themselves. The fees must be paid at the commencement of the term, or notes given with satisfactory security. All operations before the medical class are performed gratis.

By order of the Faculty,
Dartmouth College, Hanover, June 15, 1841. Je 23—1A7 OLIVER P. HUBBARD, Sec'y.

BERKSHIRE MEDICAL INSTITUTION.

The annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.00.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, D.D.
Principles and Practice of Surgery, by	- - -	FRANK H. HAMILTON, M.D.
Anatomy and Physiology, by	- - -	JAMES MCCLINTOCK, M.D.
General and Special Pathology, by	- - -	ALONZO CLARK, M.D.
Materia Medica and Pharmacy, by	- - -	M. A. LEE, M.D.
Chemistry, Botany, and Natural Philosophy, by	- - -	CHESTER DEWEY, M.D.
Demonstrator of Anatomy,	- - -	C. C. CHAFFEE, M.D.

Pittsfield, Mass., May, 1841. Je 9—tL PARKER HALL, Secretary.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a stated meeting of the Censors for the First District and Society at large, at the house of Dr. John Jeffries, No. 9 Franklin street, Boston, on Wednesday, the 28th of July, 1841, at 4 o'clock, P.M. Je 30—eptm JOHN JEFFRIES, Secretary.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - -	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - -	ELI IVES, M.D.
Materia Medica and Therapeutics, by	- - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - -	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841. Jy 14—tsep28

CHARLES HOOKER, Sec'y.

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No. 25.

ON THE MANAGEMENT OF THE INSANE.

THE claims of the insane on their happier fellow creatures are many and sacred. In the ruined bodies and minds of many of them we do but behold the last results of all the moral and political evils which cling to ancient social structures, however various in their plan; adorning them, perhaps, in the eye of the unreflecting spectator, and hiding the rents of a decaying architecture; but ever heaping fresh sources of destruction around the foundations, and assisting time to crumble the whole edifice into dust. The varied forms of misery, of privation and neglect, of abandonment physical and moral, which, in various combinations, make up the great unceasing contention for existence revealed to the physician in all his intercourse with all classes below the richest, concentrate their baleful rays upon the madhouse. Poverty there has done its worst; and man is reduced to a state from which, too often, there is no relief but death. From what causes proceeding it is not our task to investigate, but certain it is that if we go from house to house, except in a small section of society, we do but find disclosed the infinite forms of embarrassment and anxious pain. Madness is the climax. Always let it be impressed upon the minds of those who take the charge of lunatics, that they are called upon to exert their faculties, and to regulate their own actions, for the benefit of the most distressed of mankind, whose wretchedness, deep as it is, may yet be aggravated by unkindness; and that, except them and one "who turneth Him unto the prayer of the poor destitute, and despiseth not their desire," a lunatic has no friend. Relatives cast them off; society banishes, and all fear them. Their very amendment is looked on with suspicion; and for them the eye of affection beams no more. To the guardians of the asylums, whither they are driven for protection or cure, is given the high and singular ministry of securing the comfort and happiness of poor and helpless creatures, forcibly repelled from the more vigorous herd. They may still avert suffering from them; they may surround them with many blessings which they have a capability to enjoy, even in their bereaved intellectual state.

Those who are unacquainted with the history of families over which the plague of insanity has fallen, know but a part of the miseries incidental to human beings. If they could behold the accumulated trials of wives, mothers and daughters, under such circumstances; the immediate privations, the alarm and agitation, the sacrifices long endured for

those who repay such devotion with frantic abuse, with an ingratitude the result of disease, but which scarcely the less wounds and grieves the hearts of those who still love the doomed and falling creature, whose sense and whose character are alike undergoing ruin; they would be convinced that there is no sorrow like their sorrow. Sudden accidents fall upon the working-man, too, in which a fall, a blow, a wound, immediately injures the brain, and incapacitates the honest laborer, yet in the prime of life, from all future profitable work; and who can see and talk to this victim of calamity, in the quiet moments and intervals of his malady, when his anxious thoughts turn with honest faith to his home, to his wife, to his children, without commiserating that ruined humble household; not forgotten, but no longer supported and defended by the unfortunate husband and father, who must linger out his life in an asylum.

It may be thought that madness, like death, knocks alike at the palace gate and at the laborer's hovel; but ever more heavily and darkly does the misery which it flings over devoted households fall on the poor. In the families of the rich, individual eccentricities of temper and manner, and wild and wasteful extravagance, are borne with comparative ease. They are sources of vexation more than of suffering. Abundant comforts and sources of diversion are ever at hand; and however much the erratic relative may be a plague to his connections for a time, complying doctors are not long wanting, who, called upon by gay, impatient wives, or proud and very much shocked relations near of kin, consign the delirious brother or phrenetic husband to an asylum, far away from every acquaintance of his prosperous estate. When he dies, his wealth is divided with a dignified satisfaction; elegant mourning gives assured testimony of a respectable degree of grief, and devout thanksgivings are breathed over superb prayer books for the comfortable release. Among the poor, the progress of such a case, and its long dragging consequences, are more harassing. Eccentric conduct brings various kinds of punishment on the incipient lunatic himself; blows, and impositions, and imprisonments, and contumely. By degrees his whole family, his hapless children, his affectionate brothers and sisters, or a poor, devoted wife, are reduced by successive sacrifices to the lowest condition of poverty. The cottage is disfurnished. Food becomes scanty. With slow-moving charitable rescue, the parish officers relieve them of their heaviest burden. Yet when, at length, the poor creature, who brought all this suffering upon them, dies in the pauper lunatic asylum, these faithful relatives may be seen, in faded funeral garments, and at an expenditure for the day of a sum, small indeed, but to them considerable, their day's earnings, and sometimes by the omission of their day's food, following to the unregarded grave the remains of the unhappy wretch whose release is truly a mercy; shedding honest tears, for which, as in more exalted stations, there is not the consolation of property inherited, or the consciousness of a graceful sorrow.

In every point of view, then, it is difficult to conceive a task more important, humanely speaking, than that undertaken by the superintendents of lunatic asylums; to whom are committed for repair the spoiled

minds of society, with the hope that they can restore the delicate balance, the loss of which has disabled the man for all his duties in society, and made him useless or dangerous; and has cast out the woman from the circle of affections and of decency, pitiable, and distracted, and degraded. Their accomplishments, derived from nature and cultivation, should be proportionate to the undertaking. Their character, whatever it is, will diffuse itself over the household, and exercise a secret influence on every keeper and nurse, and on every patient in whom any trace of sensibility remains. The responsibility hence resulting is enormous. Good sense and good temper, so essential in every social office, are doubly essential here. To which should be added, the most exact order, enlarged views, so surely based as to be unswayed by opposition or difficulty; composure of temper in the midst of agitation, and not to be disturbed by the most violent and undeserved abuse, or by the most unpardonable foibles of agents unprepared by education and habits to fulfil at all times all their intentions. Their duties are not only important, but incessant. It is not only that every moment may bring an accident, and every advancing step may be the herald of agitation; but the minds of which they have the charge are never stationary, but advancing or retrograding every hour. To examine the new patients, to watch their progress, to detect the first glimmering light of convalescence, and watch it into day; to remedy the body when its disordered functions manifestly prevent recovery, and to rouse the mind when it lies under a fancied load, and retains a power and wants the will to be exerted: these are a part of their duties, and they comprehend particulars too numerous for any written detail; too constant, too anxious, too serious for any human witness to estimate. They are also often the medium of reunion between the patients and their friends and families; and even when the convalescent is discharged, can scarcely fail to look after their steps for a time with kind solicitude. Nothing can bear the officers safely and well through all these exertions but a sense of duty. Fame will scarcely reward them; and their department of exertion implies an abandonment of most of the worldly advantages which stimulate ambition beyond the boundaries of the asylum.

But, even without these reflections, the superintendents of a lunatic asylum find their hearts appealed to on every side. To them an hundred helpless hands are held out; and many a faltering, palsied tongue addresses its petitions. Under their management hope revives, even in the cell, and on the bed of straw, and smiles re-light the faces of those before forlorn and dead to every joy. By their care the frantic outrage of the maniac is abated, and the unspeakable wretchedness of the melancholic is diminished; by their timely and soothing words the awful dreams of the visionary, who "sees horrid night the child of hell," are oftentimes charmed away. Every act of their benevolence produces its palpable good. Every word, every look of kindness, finds its way to some pained heart, and does its blessed office. The great end, too, of all their exertions—the restoration of mental power—is infinitely noble. The physician feels that to restore health of body is an elevated art, the value of which those best can appreciate who have ever wanted the

blessing. The art of the mental physician is to restore alacrity of attention, readiness of memory, warmth of imagination, accuracy of judgment, and the power to will and to do; the loss of all which is the most grievous part of sickness.

If, then, the abnegation of self in those who take the charge of lunatics is expected to be almost complete, it is that they may be intrusted with the administering of aid to minds more imperfect than their own, and wholly secluded from the cheerful ways of reasonable life. In a world full of common duties, they are separated and devoted to some which may be said, without exaggeration, to be among the highest which a sentient and intellectual being can be privileged to fulfil.

To perform these duties efficiently, they must literally live with lunatics. Constant association with the wild minds that diversify the wards of an asylum can alone give a mastery over them, in every changeful mood. There is nothing to despise in such an occupation. To create the mind has been pronounced a work worthy of the Divinity, and to describe it the highest reach of philosophy: it is no mean task, therefore, to disencumber it of its physical oppressions, to recal its wanderings, to dispel its phantoms, and restore so high a work to unembarrassed exercise.—Perhaps a still more important task yet remains to teach mankind the *causes* of these most fearful visitations; that they may also learn the means of avoiding afflictions difficult to cure, and of which the tendency is to accumulate in every successive generation.—*British and Foreign Medical Review.*

FUNGUS HÆMATODES.

BY RICHARD GREGG, M. R. C. S. L.

THE following case of fungus hæmatodes occurred lately in my practice; the very great extent which the disease had attained before the patient would submit to amputation, shows at what a late period the operation may be performed with safety, when this frightful affection is situated in an extremity, although the state of the patient at the time scarcely warranted any interference:—

John Bell, aged 18, a sailor, discovered a swelling on the inside of his right leg, near the insertion of the patella ligament. He first noticed it in Nov., 1838, but paid little or no attention to it at the time, as the pain was trifling. The tumor increased in size very fast. I saw him for the first time in March, 1839, and on examination could feel that it contained fluid. I ordered him to poultice it. It now began to be very painful, and the motion of the joint was totally impeded. In April, I first discovered that instead of a common collection of matter, as I first expected, I had to deal with a fungus hæmatodes. The swelling now put on a livid red appearance, and was very elastic on pressure, immediately rising up after the fingers were removed. He passed sleepless nights, and had great thirst, and loss of appetite. In May he was still getting worse. The most prominent part of the tumor burst, and a large escape of thin, bloody matter took place. In two or three days a fun-

gus projected from the opening. His constitution was evidently sinking. I now proposed amputation of the limb, as the only means of saving his life, but both he and his friends were averse to it. During the months of June, July, August and September, I lost sight of the patient, his friends having consulted a quack, who told them that he could soon perform a cure.

Four months had now gone over, and I was much astonished to find the boy still alive, having received a message that he wished to see me. On entering the room, I was struck forcibly with the change he had undergone. The tumor now extended from below the knee to the upper third of the thigh. The hamstring muscles were in a diseased state, and so great was the weight of the morbid mass, that he was obliged to have it suspended by a sling placed round his neck, as he could not lay down without the thigh being in a flexed position. Hectic fever had now set in, with a troublesome diarrhœa. Takes nothing but a little wine and a large quantity of laudanum at night, the dose of which has been increased for some time past, until nothing less than 3 drachms gives him ease. The pain he suffers is intense, never being free from it, unless when under the influence of opium. Seems to be sinking rapidly, and is now desirous, for the first time, of having the limb removed. From the great prostration of strength, and his general emaciated condition, as well as the extent of the disease in the thigh, rendering the operation dangerous on account of its proximity to the hip-joint, I hesitated, doubting whether that could be done to save him, as it has been often found, when this disease has reached to so great an extent, that the viscera are in a morbid state. His friends now becoming more desirous than ever for an operation, and as there appeared to be no alternative but death, and that near at hand, I consented to remove the limb, after a consultation with my friend, Mr. Rae.

The operation was performed on the 15th of October last, being 11 months from the commencement of the disease. I made an anterior and posterior flap, by the transfixing method, as practised by Mr. Liston, and succeeded in getting a good stump, and one perfectly free from disease. Four vessels were tied; the hæmorrhage was trifling; the flaps were brought together, and the patient, totally unconscious, having fainted early, was carried to bed, the operation having occupied in all about five minutes.

He slept for four hours, and awoke refreshed. He now improved every day; the ligatures were all away by the 21st day, and the stump entirely healed in eight weeks. The tumor, when opened, was found to contain thin, bloody matter, interspersed with cells, filled with a brain-like substance, having every characteristic of the disease as described by Hey, Burns, &c. The bones forming the knee-joint were carious. The condyles of the femur were so soft as to break down under the pressure of the fingers. The muscles of the thigh, as far as the middle, were filled with a greasy greyish substance, and the tumor, when dissected out (along with the joint), weighed 17 lbs.

I have deferred sending you this case earlier, lest the cure should be incomplete; but six months have now passed, and the boy's health is

as good as he ever recollects it to have been, he being two stones heavier than he was before the disease set in, and perfectly capable of performing any duty that a wooden leg will permit. If the circumstances present an inducement to any of my professional brethren never to give up a similar case, however bad appearances may be, without an effort to save their patient, where an operation is practicable, I shall be amply gratified.—*London Lancet.*

SEPARATION OF THE PLACENTA, CAUSED BY A FALL.

BY THOMAS WHEELWRIGHT, M.D.

A LADY, about 26 years of age, of delicate constitution, small stature, with great pallor of countenance, having arrived at the end of the eighth month of her second pregnancy, in descending the steps of the street door, fell with violence down several, and was immediately taken up by her servant, and placed on the sofa in a state of syncope; on which she continued more than half an hour before either circulation or consciousness returned. In the course of the afternoon she fainted several times, but being accustomed to such attacks from slight causes, and not appearing to have sustained much bodily injury, little attention was paid to them, and my attendance was not called till the following morning, in consequence of a smart discharge occurring in the night, of a florid red color, but without pain. I found her under great alarm and apprehension, but at length succeeded in tranquillizing her mind, and restoring her to a measure of confidence, by the assurance she would do well, and pledging her to strict attention to the rules I should lay down for her governance during the remainder of her time. I therefore enjoined the recumbent position in a cool apartment, abstinence from stimuli, and every source of disturbance and excitement to be carefully kept from her. A dessert spoonful of castor oil, when needed, was all the medicine prescribed. Thus proceeding, the discharge, though frequently recurring during the month, on the slightest exertion, was so far controlled as not materially to injure her. One coagula only, of the size and shape of a pullet's egg, was passed, on the second day after the accident, and that with very slight uterine pain. It was clearly to be inferred that a portion of the placenta was detached by the fall, and I assumed the farther probability, that its attachment was over the os uteri. Entertaining such views of the case, I felt it my duty to make her husband acquainted with its nature, and the hazard that would attend her confinement, requesting to be called at the commencement of labor. In compliance with such request, I was sent for at 7 o'clock on the morning of the 31st of January, 1838, just a month from the accident. On my arrival, about an hour and a half from the commencement of pain, I found the os uteri dilated to nearly the size of half a crown, soft and yielding, with the promise of a steady and quick dilatation. The pains were now progressing in a satisfactory manner, each one being attended with a gush of blood more or less severe, but not to any alarming extent. Considering it of great importance to expedite delivery, I resolved to rup-

ture the membranes at the earliest period the state of dilatation would justify, and, ere long, succeeded, not without some difficulty, in passing my finger beside the placenta, and effected that object. The pains now became more vigorous and frequent, the placenta descending, with each pain, before the head of the child, until a portion equal to more than half its bulk protruded without the os externum, the head of the child resting on the symphysis pubis. The pains were now all I could desire, and being prepared at a moment for the usual proceeding in such cases, but calculating that the position of the head of the child, as it advanced its pressure on the bleeding vessels, would arrest the hæmorrhage, which happily I now found was the case, I endeavored to return the placental mass, and shortly succeeded in passing it beside the head, retaining, however, pretty firm pressure, until the next pain was well forward, and then, withdrawing my support, the head advanced, and in two more pains the delivery was effected. Thus, by a little simple management, was this hazardous case brought to a happy termination, and I had the satisfaction of seeing my patient in a state of comparative security, and without having sustained the frightful amount of discharge which usually occurs in such cases. The placenta shortly passed, no further discharge ensuing. The child was stillborn. The lady recovered without a single untoward symptom, regaining her strength slowly.—*Ibid.*

PERIODS OF HUMAN LIFE.

[Communicated for the Boston Medical and Surgical Journal.]

THE ancients reckoned six stages of life.

1. *Pueritia*, childhood, comprising the first five years of our life.
2. *Adolescentia*, youth, reckoning from the fifth to the eighteenth, and youth, properly so called, to the twenty-fifth year.
3. *Juventus*, reckoning from the twenty-fifth to the thirty-fifth year.
4. *Virilis ætas*, manhood, from the thirty-fifth to the fiftieth year.
5. *Senectus*, old age, from the fiftieth to the sixtieth year.
6. *Crepita ætas*, decrepit old age, which ends in death. This termination of life, however, is seldom, if ever, realized, as accident or disease usually terminate man's mortal existence much sooner than the simple decay of nature would do.

Dr. Dunglison divides the ages into five periods, in the following manner:—"Infancy, comprising the period from birth to the second dentition; Childhood, that between the second dentition and puberty; Adolescence, that between puberty and manhood; virility, that between youth and old age; and old age."

This distinguished physiologist adopts the plan of Hallé and some other more modern writers in subdividing infancy into three distinct periods. He also makes a subdivision of virility and old age, according to the ancient author already named. But as it is confidently hoped that his excellent "Human Physiology" is in the hands of every practitioner, it will not be necessary to follow out his divisions here.

In looking at an old "Medical Intelligencer," published by John Cot-

ton in 1825, I find the following curious division of the *age of man*; and as an individual I would like to have it re-published in the Boston Medical and Surgical Journal, hoping that it may interest other readers as well as myself.

“Childhood, from 1 to 7 years—the age of accidents, griefs, wants, sensibilities.

“Adolescence, from 8 to 14—the age of hopes, improvidence, curiosity, impatience.

“Puberty, from 15 to 21—the age of triumphs, desires, self-love, independence and vanity.

“Youth, from 22 to 28—the age of pleasure, love, sensuality, inconstancy, enthusiasm.

“Manhood, from 29 to 35—the age of enjoyments, ambition, and the play of the passions.

“Middle age, from 36 to 42—of inconstancy, desire of fortune and of glory.

“Mature age, from 43 to 49—the age of possession, the reign of wisdom, reason, and love of property.

“Decline of life, from 50 to 56—the age of reflection, love of tranquillity, foresight and prudence.

“Commencement of old age, from 57 to 63—the age of regrets, cares, inquietudes, ill temper, and desire of ruling.

“Old age, from 64 to 70—the age of infirmities, exigences, love of authority and submission.

“Decrepitude, from 71 to 77—the age of avarice, jealousy and envy.

“Caducity, from 78 to 84—the age of distrust, vain boasting, unfeelingness, suspicion.

“Age of favor, from 85 to 91—the age of insensibility, love of flattery, of attention and indulgence.

“Age of winter, from 92 to 98—the age of indifference and love of praise.

“Phenomenon, from 99 to 105—the age of insensibility, hope, and the last sigh.”

There may be some inaccuracies in regard to the names of the different periods in the above quotation, particularly as regards adolescence and puberty, but the passions, qualities of the mind, &c., as therein attached to the several stages of life, are principally, if not altogether, correct, as I have no doubt every observing mind will at once admit.

Unionville, Mass., July 18, 1840.

E. G. WHEELER.

NEW SCHOOL OF ELOCUTION.—PROF. BRONSON.

[Communicated for the Boston Medical and Surgical Journal.]

THIS gentleman has now completed his course of lectures in this city, and some remarks in the Journal of July 1st, have induced me to attempt a brief exposition of his leading principles, for the information of such as may not have listened to him. The Professor has been in several of our cities, and though much the same opinions were prevalent

among the intelligent of these communities as here, yet for some reason they have not been made public.

We do not intend to speak particularly here of the errors in pronunciation, which occasionally mar his delivery, or of the false intonations which sometimes break upon the ear in his attempts at recitation; these have been and will be attended to in other pages. We shall in few words consider the validity of his claim to a *new* system of speaking, founded upon a *great discovery* of his own, regarding the anatomy and physiology of the parts concerned in respiration; from which discovery he claims to have drawn improvements in the art of speaking, which place him very far in advance of any preceding elocutionist. And this grand discovery not only opens a new avenue to good speaking, and insures a fine voice, but it also guards the lungs of the individual, promotes the perfect arterialization of the blood, secures from, and even *cures* phthisis pulmonalis, and a host of chest diseases. Nor is this all; but the solar ganglion being kept in good order by the action of this principle, and this solar ganglion being the seat of the soul, hence the whole frame will be preserved healthy and vigorous, to a ripe old age.

But for the principle—the great discovery; it is so simple, its practice so easy, that doubtless all, speakers or farmers, lawyers or mechanics, will hasten to appropriate its benefits to themselves. It is simply this—“Breathe and speak, using the abdominal and dorsal muscles, and the diaphragm for the production of sound, *not the lungs*.” Here, then, is the basis of the claim which he prefers to the public notice and patronage. We hardly know what to think of this—that a man professing to a liberal education, or any education at all, should thus *discover* principles taught by the physiologist generations ago. We are led to the conclusion that he is very ignorant of what he teaches—since we would not think him the knave to promulgate such truisms for discoveries, among those who would not detect the imposition. What does he mean when he says in his chart, “Use the abdominal, intercostal muscles and diaphragm for expelling air, *not the lungs*”? Did any one ever dream of employing other agents in expiration? His leading principle is then resolvable into this: the muscles of expiration should be used in producing sound. This appears almost too strange to be true; but it is nevertheless so. He himself, as he says, was once the victim of a wrong method of speaking. He does not state to us what muscles he used on such occasions. However this may be, on his sick bed he made this brilliant discovery, that the abdominal muscles assisted in expiration. The tables were then turned—he recovered, and the *public* are now the victims of his new mode.

But it may be asked, if this be true, why is it that so many have borne testimony to the beneficial effect of his teachings, &c., when practised, in strengthening and improving the voice. We will allow that it is thus; and answer, 1st, there are many, indeed the great majority, who are entirely unconscious by what muscles they breathe or speak; or, perchance think, as Mr. B. appears to do, that the lungs themselves are muscular organs. Such persons having their attention called to the muscles used in respiration and speaking, particularly to the abdominal

—and the muscles of respiration being generally involuntary, and at the same time capable of being controlled by the will—they bring those muscles under its influence, and suppose that they are using them for the first time. Again, there are some who do not make constant use, in speaking or breathing, of all the respiratory muscles; those who have fallen into habitual false positions, as the bending forward the body, &c. To such, the advice which has been for very many years given by our physicians is (and certainly Mr. B. could do no more), shake off the evil habit, use *all* the muscles of respiration, and fully inflate the lungs.

The remainder of his philosophy which is at all tenable, possesses about as much claim to originality as the great leading principle mentioned above. We think of Mr. B. as the German poet Lessing once said of Voltaire—"His new is not good, his good is not new."

Not professing ourselves to adopt the Swedenborgian philosophy, we confess there is much we do not understand in his "three discrete degrees of mind, body, soul, speech, thought," &c.; but we find ourselves not alone in this respect, as the universal opinion is that Prof. B. "swims on bladders" far beyond his depth.

It would seem sufficient for any sensible person to look over his schedule of performances, to be convinced that he is what we doctors call a "quack." The endless variety of subjects introduced, and the rapid manner in which are despatched many important topics still in dispute in the theological, medical and literary world, many problems in moral and mental philosophy, is truly astonishing and amusing.

We like to see every one estimated according to real merit. Prof. B. has certainly been much overrated; and we complain not so much of what he is, as of what he is not. The fallacy of his claimed discovery we have shown above; his style of lecturing is obscure and misty, and when he talks largely of obscurity in the writings of other teachers of elocution, we cannot but feel that he is far from being an adept in the use of a mental mirror. His illustrations are generally faulty; some, amusing from their far-stretched analogy; some, absolutely disgusting from their coarseness. His recitations are certainly mostly below par. He is very partial to a portion of Hamlet's advice to the player, but unfortunately concludes his quotation just when the worthy gentleman begins to bear hard upon himself.

We have spoken of the common opinion respecting him here. We are quite sure that the great majority would concur in what we have expressed; and the most favorable reply we have heard returned to the oft-repeated question—"How liked you Prof. Bronson's lecture?"—is, "I was much amused at his assurance and self-esteem." Yours, &c.

New Haven, July 18, 1840.

E.

"FELLOWSHIP WITH THE MASSACHUSETTS MEDICAL SOCIETY."

To the Editor of the Boston Medical and Surgical Journal.

I AGREE with you, Sir, that it is for the interest of every regular practitioner in the State, to become connected with our Society. The pub-

lications are amply sufficient to defray all expense, besides the honor of being connected with this "venerable and excellent institution." Quackery has ever been denounced by it with open-handed justice, and the curses and lashes which its opponents have dealt out, have left it unscarred, and it now stands a noble and worthy monument protected by the father of medicine. If I interpret correctly the "By-laws," individuals can be admitted fellows who are graduates at "Harvard," or "Berkshire," or who are "licentiates." I wish, Sir, to inquire, "what is demanded" to admit a student for examination for a license. Shall he have studied three years? Shall he be compelled to attend two courses of lectures at one or more of our medical schools? Or can he come without any established prerequisite? I ask these questions that I may be able to advise my students. By giving me the information, through your Journal, you will enable me to impart the desired instruction.

July 15, 1840.

A FELLOW OF THE MASS. MED. SOCIETY.

[An answer to these queries will be found on the following page.—ED.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1840.

BY-LAWS OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE new edition of the By-laws of the Massachusetts Medical Society is now in the course of circulation. We learn that there is liable to be some delay in supplying a part of the State, in consequence of the burdensome character of our post-office laws. It not being periodical, the postage on this pamphlet would be four and six cents a sheet, according as the distance is more or less than a hundred miles; and there are six sheets. The librarian, being apprehensive that some members might be unwilling to pay 24 or 36 cents for the sake of receiving it early, has made arrangement for the supply of those who choose to send for it, by Messrs. Whipple & Damrell, booksellers, No. 9 Cornhill. The members of district societies will receive their copies, as usual, through the Librarian of their own Society. Notice of this arrangement is given on the cover of the annual pamphlet, which is just published.

In this edition, the amendments of the By-laws, adopted at the late meeting of the Society, are of course incorporated. The principal change is in the provision for the election of Counsellors, and for voting by proxy, which grew out of the proposition of the late Dr. Belden, of Springfield, in conformity to the wants and feelings, chiefly, of the members residing in the western parts of the State. The Counsellors are apportioned to the several counties, in the ratio of one Counsellor to eight Fellows. Any District Society that chooses to do it is authorized to select its own Counsellors, and if the return is made in season by the District Secretary, there can be no doubt that the persons so returned will be *elected* by the Society. Provision is also made for a sort of qualified representation in the meetings of the Society, without interfering with the good old democratic principle

of allowing the whole to act *en masse*. That is to say, all that attend can act, each with his full share of influence; while those who are absent may select representatives to act for them. To make it a real representation, and prevent its being available for the purposes of intrigue or surprise, the right of acting by proxy is limited to members belonging to the same County or District Society; and no one is permitted to represent more than eight others. This arrangement will give to the distant members a full share of influence in all the actions of the Society; and it is confidently believed that it will effectually secure their convenience and cordial coöperation. It has been made altogether at their suggestion, and in the belief that it would meet their wishes. There are a few other changes, but they nearly all are designed merely to carry out in the detail the provisions we have here specified.

The 35th and 36th By-laws are copied in full, as they contain information which may be of service to individuals in the State who are not now members of the Society.

XXXV. Any person, who has received his medical education within this Commonwealth, may be admitted to an examination by any board of Censors, provided he have the following qualifications, and not otherwise.

1. He shall be a person of sound mind, and of good moral character, shall have completed twenty-one years of age, and shall have such an acquaintance with the Latin language, as is necessary for a medical and surgical education, and with the principles of geometry and experimental philosophy.*

2. He shall have studied three full years under the direction, and attended the practice of some one or more of the fellows, or retired or honorary members of the Society; during which time he shall have studied the most approved authors on anatomy, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery; or, at least, all those which the Counsellors shall from time to time specify, as constituting a proper course of medical and surgical education.

XXXVI. Any person who has received his medical education out of this Commonwealth, may be admitted to an examination by any board of Censors, provided he have the following qualifications, and not otherwise.

1. He shall have the qualifications first specified in the preceding By-law.

2. He shall have studied three full years under the direction, and attended the practice, of some respectable physician or physicians; and shall have followed in his medical studies a course equivalent to that pointed out in the second of the preceding By-laws.

Dublin Dissector.—Probably before the next lecture season of the medical schools commences, a new edition of the *Dublin Dissector* will be published, under the editorial supervision of Dr. Watts, the professor of anatomy in the New York College of Physicians and Surgeons. It has always been regarded with favor in this country, even with some glaring imperfections. Should there be such additions as Dr. Watts is well qualified to make, embracing whatever is new in anatomy, or rather in the mode of arranging the vast amount of materials which are at hand, the

* It is understood that he be able to translate the select orations of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulæ of the Pharmacopœia of the United States; and that he have a knowledge of Euclid's, Playfair's, or Legendre's Elements of Geometry; and of Bryau's Conversations on Experimental Philosophy, or Enfield's Elements of Natural Philosophy.

book will meet with a kind reception. Perhaps it is not saying too much to remark that if the new edition is not altogether improved, for it is certainly susceptible of it, Dr. Watts will very much disappoint those who have great confidence in his anatomical knowledge, and his other qualifications for the undertaking. Whenever the trade place it on their counters, we shall promptly give notice—and as there is little doubt that it will prove to be a valuable acquisition, the profession will be gratified to have it immediately.

Insane Asylum of New Jersey.—On a re-examination of the report of the medical commissioners appointed by the Governor and Council to ascertain the number, &c. of insane and idiots in the State of New Jersey, it appears evident that the Legislature ought to make a speedy effort for ameliorating the condition of that unfortunate class. The commissioners, of which Dr. Condict, of Morris, is chairman, have made out a strong case, that should command immediate attention, if the people of the State would avoid the imputation of inhumanity. Having divided the State into five districts, it is pretty well ascertained that there are not far from 358 persons whose claim cannot be denied. There is some obscurity in the report, so that it is rather difficult to ascertain precisely how many of the above are insane, or how large a part are idiots. In the first district, Dr. Smith, of Newark, is of the opinion that there are 164 insane and idiots. The counties of Bergen, Essex and Passaic are embraced in that division. Some of them have been in confinement for years—and some of them in *chains*! In the jail at Newark, says the report, are two lunatics; in New Brunswick, two in chains, and one in Gloucester Poor House; one in Cumberland and one in Salem in chains. The individual thus pinioned in Gloucester, is confined by “hand and leg irons, with a chain extending from each to the floor. He is neither vicious nor violent, and would harm no one, unless indirectly, by some mischievous prank.” Dr. McChesney, of Mercer, also one of the commissioners, says, “I find scenes of misery and wretchedness that the citizens of New Jersey have never dreamed of—enough to melt the heart of the most obdurate.” When the fact is stated, on the authority of this gentleman, that some of these patients have been incarcerated like the worst grade of criminals, “in cells, upwards of twenty years,” it seems high time that the energies of the State were roused, to wipe away this foul stain upon its benevolence.

There is one fault in the report of the commissioners, and that is, they say too little about the actual statistics of lunacy in their several districts; and in the next place, they seem to speak too cautiously in relation to what the age demands for humanity, as though some one might be either offended or shocked at details—a moiety of which excites our sympathy, and if it does not spur on the inhabitants, through their representatives, to establish an asylum, the whole State may be regarded as morally out of order. In the meanwhile, till the proposed edifice is fitted for occupancy, let the chained maniacs be sent on to Worcester, for some of them may, perhaps, be restored to society before the buildings of the New Jersey Asylum are completed.

Embalming.—Dr. Harlan, of Philadelphia, an indefatigable philosopher, is preparing a work on embalming; but the precise manner of treating

the subject is unknown to us. Nor are we prepared to say when or where it is to be printed. One fact, in relation to it, is certain—viz., that it will be worth having, as everything else is that comes from his pen, especially when marked by that spirit and fervor which characterize his more prominent researches. Whether there is to be a simple historical description of the ancient manner of embalming, or an essay on the modern process now practised with considerable success in Europe, remains to be ascertained. If Dr. Harlan would turn his attention to the business of re-discovering Dr. Seydewitz's method of converting the human and other bodies into solid stone, he would certainly succeed, if any one can. His patience, and the severe test of science which he brings to bear upon all subjects, convince us that he might begin a series of investigations that, in the end, would throw considerable light on that mysterious process.

Medical Degrees.—At the late commencement of the University of Pennsylvania, the degree of M.D. was conferred on the following gentlemen:—W. W. Williamson, I. Brinckerhoff, W. W. Lewis, G. C. Carrington, R. T. Maxwell, D. S. Triplett, H. D. Vaughan, T. R. Hurt, W. L. Davis, D. Robinson and J. M. Allen.

Division of the Muscles of the Orbit.—Mr. Liston operates in the following manner:—"The lower eyelid is everted, and with a pair of spring artery forceps a small portion of the conjunctiva is seized; the forceps are then allowed to hang down, and the eyelid is thus held completely open; the upper eyelid is held up with the common speculum; a small double hook is placed in the conjunctiva, internally to the cornea, and the eye is pulled outwards; the conjunctiva being snipped across with scissors, and the sclerotic exposed, another hook is placed in this membrane, and the eye more forcibly everted. With a little dissection, the muscle is seen just as it ends in its tendon, and with a pair of scissors it is cut across close to its insertion into the sclerotic; the operation does not occupy half a minute when the patient is quiet, and one assistant only is required. The division of the tendon, at its insertion into the sclerotic, prevents any future contraction of the muscle, and the use of the scissors enables the surgeon to operate with much greater rapidity and ease.

After these operations, the patient is usually unable to bring the cornea to the inner angle of the eye; but in one case, in which the internal rectus had been most completely divided, and the strabismus cured, the patient still possessed this power. This circumstance suggested the idea, that a contraction of the two oblique muscles might, in some cases, be the cause of the continued inversion of the eyeball after division of the internal rectus.—*London Lancet.*

Medical Miscellany.—Cases of *stranger's fever* have appeared at Charleston, S. C.—A woman died at Lowell, the other day, at the age of 79, who, for thirty years, is supposed to have constantly kept her system under the influence of opium. She took night and morning, through that long period, exactly the same quantity, in pills—and enjoyed not only excellent health, but unimpaired mental powers to the last. At the computed cost of \$20 a year, she had swallowed \$1000 worth of, to her, a useless, intoxicating drug. She was as much of an habitual tippler as

the man who regularly drinks ardent spirits, upon whom the community frowns without apology.—Chloride of lime is again spoken favorably of as an antidote against hydrophobia.—Interments in Philadelphia, week before last, 164; of these, 69 were under two years of age.—Medical lectures commence at Dartmouth College next month. Dr. Roby, the newly-appointed lecturer, in the place of Dr. Bartlett, will be found indefatigable in advancing the interests of the students, and we congratulate them in being so highly favored.—Dr. Haynes's cheap abdominal supporters meet with approbation, as they are valuable, and within the reach of persons of moderate means.—A new work on midwifery is in preparation in this vicinity. When it is given to the profession it will be considered high authority.—No. 6 of the Western Journal of Medicine and Surgery—the only one received since No. 1, in exchange for ours, which has been sent regularly—has just come to hand. An interesting paper in it by Dr. Cartwright, of Natchez, will receive further notice.

TO SUBSCRIBERS.—The attention of many of our subscribers is respectfully called to the bills enclosed in this and the last No. of the Journal. We have never before found the number of delinquents so great, and we are in consequence subjected to no little inconvenience in meeting our necessary every-day expenses. Every subscriber is probably aware that money for periodicals may be forwarded, free of expense, by post masters; and it is hoped that this method will be adopted, where no other is preferable, with as little delay as the present hard times will allow.

DIED.—At Perry, Ohio, Jesse Pike, M.D., 25. Dr. P. received the degree of M.D. at the Willoughby Medical College in February last, and was a young man of great promise.

Number of deaths in Boston for the week ending July 25, 32.—Males, 17—females, 15.—Stillborn, 1. Of consumption, 1—convulsions, 1—inflammation of the lungs, 1—lung fever, 2—hooping cough, 5—infantile, 2—ulcerated liver, 1—old age, 1—fits, 1—disease of the brain, 1—palsy, 1—intemperance, 1—drowned, 2—inflammation of the bowels, 1—smallpox, 1—scarlet fever, 1—apoplexy, 2—cholera infantum, 1—casualty, 1—bowel complaint, 1—typhous fever, 1.

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	JAMES McNAUGHTON, M.D.
Materia Medica and Natural History, by	- - - - -	EBENEZER ENMONS, M.D.
Anatomy, by	- - - - -	JAMES H. ARNSEY, M.D.
Chemistry and Pharmacy, by	- - - - -	LEWIS C. BECK, M.D.
Obstetrics, by	- - - - -	DAVID M. McLACHLAN, M.D.
Institutes of Medicine, by	- - - - -	THOMAS HUN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

Jy 29—tN

ALDEN MARCH, *President*.
J. H. ARNSEY, *Registrar*.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - - -	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - - - -	ELI IVEY, M.D.
Materia Medica and Therapeutics, by	- - - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - - -	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840. Jy 29—6t CHARLES HOOKER, *Sec'y*.

PHYSICIAN WANTED.

A YOUNG physician, well qualified and well recommended, will find an eligible situation in a pleasant country town, by inquiring of John Romans, M.D., Boston; John Green, M.D., Worcester; or of the subscriber, Rutland, Mass.

Rutland, July 6th, 1840.

Jy 15

GEO. ESTABROOK.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	- - - - -	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Prof. HAYWARD.
Chemistry, by	- - - - -	Prof. WEBSTER.
Theory and Practice of Physic, by	- - - - -	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

Boston, July 6, 1840.

Jy 15—tN1

WALTER CHANNING, *Dean*.

NEW HAMPSHIRE MED. INSTITUTION AT DARTMOUTH COLLEGE.

THE annual course of Lectures in this Institution will commence on the 6th of August, 1840, and continue three months. The Introductory Lecture will be given on that day at 3 o'clock, P. M.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

DIXIE CROSBY, M.D., Professor of Surgery, Surgical Anatomy and Obstetrics.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER W. HOLMES, M.D., Professor of Anatomy and Physiology.

JOSEPH ROBY, M.D., Lecturer on the Theory and Practice of Physic, and Materia Medica.

All operations before the medical class are performed *gratis*. Facilities for private dissection will be afforded if desired.

Fees for the course, \$50. Matriculation, \$3. Graduating expenses, \$18.

By order of the Faculty,

OLIVER P. HUBBARD,

Hanover, June 22, 1840.

Jy 15—eptA6

Secretary.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by - - - T. SPENCER, M.D., Geneva.

Obstetrics and Medical Jurisprudence, by - - - C. B. COVENTRY, M.D., Utica.

Anatomy and Physiology, by - - - JAMES WEBSTER, M.D., Rochester.

Chemistry and Pharmacy, by - - - JAMES HADLEY, M.D., Fairfield.

Materia Medica and General Pathology, by - - - JOHN DELANATER, M.D., Saratoga Springs.

Principles and Practice of Surgery, by - - - FRANK H. HAMILTON, M.D., Rochester.

Demonstrator - - - SUMNER RHODES, M.D., Geneva.

THOMAS SPENCER, *Registrar*.

Geneva, July, 1840.

Jy 15—tO1

C. B. COVENTRY, *Dean*.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine, - - - - - NATHANIEL CHAPMAN, M.D.

Chemistry, - - - - - ROBERT HARE, M.D.

Surgery, - - - - - WILLIAM GIBSON, M.D.

Anatomy, - - - - - WILLIAM E. HORNER, M.D.

Institutes of Medicine, - - - - - SAMUEL JACKSON, M.D.

Materia Medica and Pharmacy, - - - - - GEORGE B. WOOD, M.D.

Obstetrics and the Diseases of Women and Children, - - - HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chestnut street, Philadelphia, July 15, 1840.

W. E. HORNER,

Jy 22—eptN15

Dean of the Medical Faculty.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 350 Washington street, corner of Hayward place, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronise him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN, }
GEO. HAYWARD, } *Surgeons to Mass. Gen. Hospital.*
S. D. TOWNSEND, }

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, AUGUST 12, 1840.

No. 1.

BRONCHITIS.

FROM DR. GERHARD'S LECTURES ON THE EXPLORATION AND TREATMENT OF DISEASES
OF THE CHEST.

THE term *bronchitis* is, in common parlance, applied to various affections of the respiratory organs, as laryngitis, several affections of the lungs, &c.; but it should never be used in this way by physicians, as it is vague and unphilosophical: the term should be confined to inflammation of the mucous membrane of the bronchial tubes.

Bronchitis, like all other inflammations, is divided into *acute* and *chronic*. The acute has been sub-divided in reference to the greater or less quantity of the secretion, and its epidemic or sporadic nature. The first division is of very little importance; but the second is well founded, as the disease is much more serious when it occurs in an epidemic form. In the epidemic bronchitis, to which the name influenza has been given, the severity of the constitutional symptoms is by no means proportioned to the intensity of the local lesion—the latter in many cases being very slight, while the former are sufficient to confine the patient to his bed for several days. The constitutional symptoms are pains in the back, &c., high fever, and extreme prostration.

We have no opportunities of examining the anatomical lesions in simple acute bronchitis, as the disease is seldom or never fatal. On this account we can only study them in cases in which it is secondary to other grave diseases, and in these cases we often meet with every stage of bronchitis. In this disease the mucous membrane itself is chiefly involved, and not the subjacent tissue, as is the case in serous inflammations. The lesions observed are injection of the mucous membrane, ecchymoses, thickening, and induration. The last mentioned lesion is inferred from analogy to occur in primary acute bronchitis, as it cannot be demonstrated; but in cases where the affection is secondary to some other disease, we frequently meet with it. These lesions are more marked in the minute than in the large bronchial tubes, although the signs of inflammation of the larger tubes may have been very decided before death.

In anemic patients, the mucous membrane, instead of presenting increased redness, is found to be pale; the only change which is perceived is the opacity of the membrane, which, in a healthy state, is almost transparent. This appearance is not at all uncommon in persons whose blood is deficient in red globules at the time of the occurrence of the affection.

In acute bronchitis ulceration rarely takes place, although it is by no means unfrequent in the chronic form of the disease. It is almost entirely confined to those acute forms which have a specific character, such as bronchitis, complicating rubeola and variola. In these cases the ulcers are at first confined to the follicles, although they sometimes extend themselves, and acquire an irregular outline, involving the surrounding membranes. Ulceration affects principally the trachea and larger tubes, where the follicles are well developed, and rarely extends to the minuter ramifications of the bronchial tree. I shall not dwell upon this lesion at present, as it does not deserve much attention in this place. There is, however, another modification of much more importance, viz., the effusion of lymph and formation of false membrane. This form of inflammation, which has been termed diphtheritis, occurs also in severe cases of croup.

When bronchitis commences in the small tubes, and extends upwards towards the larynx, it is not unfrequently fatal; but when it follows the opposite course, beginning at the larynx, and extending downwards, it may be arrested, and the disease will almost always terminate favorably. Inflammation of the bronchial mucous membrane is in some cases attended with a serous effusion, which, occurring under the membrane, gives rise to œdema: when this takes place in the upper portion of the larynx, it constitutes œdema of the glottis. Bronchitis tends, in most cases, to get well without the formation of pus. Its progress is as follows: at the commencement of the inflammation the membrane is injected and thickened, and its secretion is arrested. An increased secretion then takes place, which is intended by nature to relieve the turgescence of the vessels: if the inflammation continues, the secretion then becomes opaque; if it is not arrested at this stage, but still goes on, purulent globules are mixed with the mucus, and in more protracted cases pure pus is secreted. The expectoration, however, is never found to consist of pus alone, because, although certain parts of the membrane secrete pure pus, yet before it is expectorated it is mixed with mucus from other portions.

Bronchitis may occur as a primary disease, or as secondary to some other affection of the lungs. When it occurs as a primary affection, it may either terminate in perfect recovery, or may give rise to the development of some lesion of the parenchyma of the lungs, such as pneumonia or phthisis. The former is the more common termination, but the latter is not unfrequent.

In other cases the bronchitis supervenes on one of these affections. This distinction is of the greatest importance in forming a prognosis; for when the disease is secondary, it is merely a part of the tuberculous disease; when it precedes this affection, it may proceed to a certain length, and the tubercles may then be arrested.

We now come to the signs which indicate acute bronchitis. These may be divided into *general* and *local*. The *general* signs are febrile excitement, with its attendant symptoms of enfeebled strength. The *local* signs are cough, expectoration, soreness of the chest, with the physical changes in the respiratory sound. In treating of the local signs, I shall

first consider those connected with obstructions to the passage of air through the tubes. The sonorous rhonchus is generally heard in the first stage of acute bronchitis; it is produced by the thickening of the mucous membrane of the larger portions of the tubes, which contracts their calibre, and thus impedes the passage of air through them. I described this rhonchus in a previous lecture, and pointed out its distinctive characters. As it often occurs first at the root of the lungs, where bronchial respiration is loudest in pneumonia, you may, without you are attentive to the distinctive characters which I have laid down, mistake it for the latter sound: it is important to bear this in mind. The sonorous rhonchus is heard in the larger tubes; but when the inflammation extends to the smaller tubes, a sibilant rhonchus is produced, which is caused by the same physical condition as the sonorous, but differs from it on account of the smaller calibre of the tubes in which it occurs.

Although these rhonchi are very frequent, yet if you expect to meet with them in all cases of acute bronchitis, you will be egregiously mistaken, because the thickening must reach a certain point before the sound is developed, and therefore if it does not proceed thus far, no rhonchus will be heard. Feebleness of respiration is a more constant sign in bronchitis: it results from the air not passing freely through the tubes; and, like the rhonchi themselves, this sign is extremely variable, shifting from one portion of the lung to another, as it is temporarily influenced by the efforts of breathing, which force the air into the lungs, and for a time clear the tubes. In this affection, the chest sounds perfectly clear on percussion in the first stage; it, however, becomes somewhat dull in the second, but the alteration is very slight.

In the second stage of the disease, secretion takes place into the bronchial tubes, which gives rise to the moist rhonchi, mucous and sub-crepitant. The former, like the sonorous rhonchus, is produced in the larger bronchial tubes—the latter in the smaller. The sub-crepitant rhonchus resembles very much the crepitant, which is peculiar to pneumonia: this renders the diagnosis somewhat difficult, as the cases in which it occurs, simulate pneumonia very much. When, however, the bronchitis is of considerable extent, it does not resemble pneumonia so closely, for the latter disease scarcely ever extends to a large portion of both lungs, as is often the case with bronchitis.

After the secretion from the mucous membrane occurs, the thickening subsides, and the respiration gradually returns to the normal state, but, for a time, it may be more or less mixed with moist rhonchi—that is, the mucous and sub-crepitant. These gradually cease as the resolution of the disease advances.

The expectoration in acute bronchitis is very variable: at first, as the cough is dry, there is little or no expectoration; but as the disease advances towards resolution, or passes into a more chronic variety, the expectoration becomes much more abundant, and consists of sputa which are almost peculiar to this disease. When the disease is still slight, or if it remain stationary, the sputa are generally transparent, and consist merely of thin mucus. As soon as it tends decidedly towards resolution, or if,

instead of tending towards resolution, it assumes a sub-acute form, and becomes chronic, the character of the sputa changes—they become more thick and opaque, and of a whitish color. If the disease be very intense, a small quantity of purulent matter is sometimes mixed with the sputa, and they assume the muco-purulent character. In these cases their form is irregular, and the thicker portion is generally diffused in irregular shreds through the thinner part. As the disease declines, the sputa gradually become less and less abundant. If the inflammation be very violent, the secretion from the bronchial tubes becomes almost of the consistence of coagulable lymph, and is firm, and moulded into the form of the bronchial tubes; these tubes, or polypi, as they are sometimes called, indicate a high degree of inflammatory action.

The local signs of primary acute bronchitis, differ but little from those of other forms of the disease, such as the chronic, &c., but the general signs are somewhat different—they are generally very well developed in epidemic cases, and are very slight in the sporadic. The patient is first taken with a chill, which is followed by febrile excitement, thus resembling other inflammations, as well as those of serous membranes and the substance of the lungs, although it is of much less intensity. The patient, then, has slight fever, and sensations of chilliness occurring at different times, restlessness, heat in the palms of the hands, &c. The condition of the pulse is in perfect correspondence with the moderate fever, rarely exceeding eighty or ninety in the minute. In epidemic bronchitis the condition of the patient may be very different; the pulse is often small, compressible, and frequent; there is great prostration and disturbance of the nervous system; and, consequently, the tolerance of loss of blood is much less than in serous inflammations. There are other symptoms depending upon the febrile excitement, such as anorexia, thirst and headache.

There is another set of symptoms which is secondary, and belongs to affections of the other tissues, principally the serous: of these the inflammation of the pleura is the most common, producing pain, which is increased during the act of inspiration. The pleurisy supervening on or complicating bronchitis, is very slight, and is usually dry; when the pleurisy is considerable, it is looked upon as the primary disease, of which the bronchitis is a complication. This accidental pleurisy may prove a cause of death in certain cases; when, for instance, there is hypertrophy of the heart, or when the patient is loaded with fat, it produces this catastrophe by increasing the dyspnoea which usually attends bronchitis, when it attacks the same individuals. The danger in these cases arises chiefly from the pain which impedes the respiration; in simple bronchitis the pain is slight, and often limited to a mere soreness.

Acute bronchitis generally lasts but a few days, and its termination is in most cases favorable. It sometimes, however, runs into the chronic form. This may depend upon the peculiar susceptibility of the patient to inflammation of the mucous membrane, or the unfavorable hygienic circumstances in which he is placed. In some cases it leads to the development of tubercles in the lungs; this, most commonly, is owing to a decided tuberculous diathesis of the individual affected with it.

The treatment of bronchitis is simple, and will occupy us but a short time. You will find in books generally a regular course laid down for the treatment of this affection—the first step of which is, in severe cases, the abstraction of blood. Bleeding is unquestionably a most useful remedy; but it should not be prescribed for all patients indiscriminately, for the milder cases get well very rapidly without it. We should only resort to it in severe cases, for there are other means by the use of which we may cause the disease to abort. These consist chiefly of the nauseating and stimulant expectorants and diaphoretics. In most cases I prefer the vegetable diaphoretics, aided by hot pediluvia, and generally make use of an infusion of eupatorium and sanguinaria, or eupatorium and seneca, after the following formula: R. Eupator. perfol., Rad. senegæ, āā ʒss. M., et infunde in aq. bull. Oj. A tablespoonful or two may be given every hour, or a larger dose less often. Ipecacuanha and tartarized antimony produce a decided effect on the disease. The latter is not always well borne, and ought to be used in large doses only in severe cases, as it may cause much irritation of the stomach. I give it usually in very small doses, sometimes in lemonade or neutral mixture, the object not being to excite severe nausea, but to produce a sedative effect. Dr. Physick has the credit of originating a remedy which was much used at the Almshouse Hospital some years ago. It consists of tartarized antimony gr. ij., bitartrate of potassa ʒij., dissolved in one quart of flaxseed tea, to be taken in divided doses, in the course of 24 hours. This remedy is not altogether safe; for if the patient should drink a large quantity of it through mistake, it would probably produce very unpleasant symptoms, as tartarized antimony diffused in a large quantity of any fluid is very apt to bring on violent inflammation of the mucous membrane of the alimentary canal, though the quantity taken be not very large. It may be advantageously combined with opium. Some give a dose of opium alone in the commencement of the affection. I prefer, however, this combination, which produces diaphoresis, and often very speedy relief. You may give a fourth of a grain of tartarized antimony, with one-seventh of a grain of sulphate of morphia, or you may vary this to suit the case.

When the disease does not subside at once, after active treatment, the patients generally ask for something for their cough. In these cases many cough mixtures are used, most of which are beneficial in their effects. They contain a narcotic, nauseating, or stimulating ingredient, and sometimes a combination of these, commonly mixed with mucilage of gum arabic, which fulfils the indication of allaying the irritation about the throat. A remedy in very general use is the *Brown mixture*, the composition of which you are well acquainted with. Another common mixture is one, of the syrups of seneca and squills, to which opium may be added if necessary; but you should be very cautious about giving opium in mixtures to children, as the accumulated effect of repeated doses may arrest the secretions, and produce other dangerous results. Certain stimulants are frequently given with advantage towards the close of acute cases, and are very useful in the chronic forms of the disease; these are gum ammoniac, balsam of Tolu, balsam of copaiba, &c. The

precautions necessary to be observed in convalescence, are the same as in other acute diseases. The general indications, therefore, in the treatment of bronchitis, are, if possible, to bring about a cure of the disease by resolution; this rarely takes place without a secretion of mucus from the membrane. Hence, if you prevent the fever and local inflammation from running sufficiently high to impede secretion, either by bloodletting, or nauseating, or stimulating diaphoretics, you produce nearly the same effect. After this object is attained, the local stimulants which tend towards the lungs favor very much the secretion of mucus, which is almost essential for the removal of the disease.

There are several circumstances which modify this affection to a considerable degree. The most important of these is age—the bronchitis of children and of old men being very different from this disease as it occurs in adults.

The bronchitis of children is particularly interesting; it extends usually from the trachea down to the tissue proper of the lungs, involving the whole mucous membrane of the large and small bronchial tubes. Its chief peculiarity is its tendency to pass into lobular pneumonia; indeed, if the bronchitis continue for a considerable length of time, this affection is almost certain to supervene. Secretion takes place very early, and consequently the dry rhonchi do not make their appearance, or continue for so short a time that they escape observation; this is another point in which it differs from the affection as it occurs in adults. As the smaller bronchial tubes are usually affected, we almost always find the sub-crepitant rhonchus, which can be heard at all times, for children do not expectorate, but throw off the accumulated secretion by an effort of vomiting. The chest usually gives a clear sound on percussion, though it is sometimes rendered dull by the accumulation of mucus in the small tubes, and of blood in the tissue of the lungs. These signs are more marked, and more early developed in the right lung, which is more commonly the seat of pneumonia than the left. Besides the physical signs, we meet with a loose cough, orthopnoea, and flushing of the face, which, instead of being circumscribed as in the case of adults, extends over the whole face, and is of a purplish color, which is to be ascribed to the imperfect aeration of the blood. There is also at times great febrile excitement, with cerebral symptoms.—*Med. Examin.*

TREATMENT OF CANCER OF THE WOMB.

FROM LECTURES AT ST. BARTHOLOMEW'S HOSPITAL, BY C. WALLER, M.D.

I NEED not tell you, gentlemen, that we possess no remedy which is capable of curing cancerous affections, whether of the womb or any other part, and yet I believe many cases of threatened carcinoma might be averted, had we the opportunity of attacking first symptoms, before the specific character of the disease has developed itself; for, however we may differ in opinion from those who consider cancer to be the mere result of common inflammatory action, still I must again express my belief, that in a multitude of instances, if not in all, inflammation, and that

of a common kind, brings into action what might otherwise have lain dormant in the constitution ; and, further, that where proper attention has been paid to this previous condition of the womb, the development of cancer has been altogether prevented. Two cases recur to my remembrance where the symptoms were those I have described to you as indicating scirrhus, and where there was also that stony hardness which in so striking a manner characterizes this kind of tumor ; nevertheless, both patients recovered perfectly, the hardened deposit being removed by absorption. One of these females was brought exceedingly low, in consequence of frequent hæmorrhage, under which she suffered for upwards of a year. I am inclined, however, to believe that the loss of blood contributed in no trifling degree to the perfection of the cure. The result of this case gave me unmixed satisfaction, and has amply repaid me for many apparently unsuccessful attempts to administer relief in similar circumstances.

Treatment of Scirrhus.—The disease generally, though by no means universally, commences about the 45th year of a female's age, or, at least, makes but little progress prior to the cessation of menstruation, and hence, as before noticed, the necessity of making special inquiry into the state of the uterus at that particular time. The first symptoms are, you have been told, inflammatory, and, therefore, the first remedies must be antiphlogistic ; in determining, however, the extent to which this plan should be pursued, great discrimination is required ; the condition of the uterus, on the one hand, and of the system in general on the other, should be carefully investigated. The local inflammation is sometimes of a very decided character, and the constitution in a vigorous, nay, in a plethoric condition ; and here the propriety of abstracting blood from the arm cannot be questioned. In other cases, and these constitute a considerable majority, general bleeding is improper, and then you will find relief from the application of leeches to the vulva, or cupping glasses to the loins. Carefully observe the effects of the bleeding, both as regards the uterus and the system at large ; it will generally be necessary to repeat the operation occasionally, at intervals proportioned to the circumstances of each individual case. A moderately-relaxed state of the bowels should be constantly preserved, but violent purgatives are decidedly improper ; still, however, it is better to select those which produce a certain degree of watery discharge, as your object is not simply to empty the bowels, but also, in a measure, to lower the system. Perfect quietude of body, in the recumbent position, forms a very essential part of the remedial plan ; and as all powerful mental emotions have the effect of disturbing the circulation, the mind should also be preserved in as tranquil a state as possible. In those whose constitutions have not been enfeebled, the aperient medicines may be employed for a week or two, and then you may have recourse to the mild mercurial plan recommended already to your notice, when we described chronic inflammation of the womb ; the effect of the mercury must be narrowly watched, that the patient may not be weakened by its protracted use. Food should be taken in sparing quantities, and its quality mild and unstimulating ; small doses of ext. of hyoseyami, taken at bed-

time, will often relieve irritability and procure sleep. The proper local applications are those which encourage the mucous secretions of the vagina, such as the warm decoction of poppies or of hemlock, and these ought to be employed at least four times within the 24 hours, the patient using, at the same time, a hip-bath nightly. Even in the early stages of scirrhus uteri, some females are liable to hæmorrhages, and where the quantity of blood lost is considerable, the pain is usually relieved for a time; unless, therefore, it be excessive, no attempts should be made to restrain it; if the loss of blood should be sufficient to weaken the constitutional powers, the common treatment for the arrest of uterine hæmorrhage will be required.

The longer you can retard the ulcerative process the longer you will keep the disease at bay, and as local stimuli must necessarily have a tendency to hasten on this event, it becomes of the utmost consequence for the female, if married, to have a separate bed from her husband. I have just stated the diet should be light, and the quantity such that the stomach may at no time be rendered uneasy from distention. Where there is an acid state of the stomach, no food which has a tendency to pass into the acetous fermentation must be allowed; you will, in these cases, recommend small portions of animal food, broths, and so on, in preference to vegetable diet. Alkaline remedies are here indicated; 15 minims of liquor potassæ, with or without a laxative, as circumstances may require, exhibited twice or thrice a-day, will generally afford relief; or you may prescribe half a drachm of magnesia suspended in a glass of milk.

There is no disease for the cure of which a greater variety of medicines has been, from time to time, recommended. The vegetable kingdom has been explored by some, and conium, aconitum, sarsaparilla, &c., have had their advocates; others have employed the various metals, and have been loud in their praises of the different preparations of iron, antimony, gold, arsenic, &c. All have, however, with the exception of a few unprincipled quacks, at length arrived at the same conclusion, viz., that we possess no specific remedy for cancer.

I must not omit to notice the opinion of a certain physician now living (to whom the term quack is not intended to apply) with regard to the disease, viz., that it may really be cured by a very simple method. According to his notion, all you have to do is to desire the patient to live upon vegetables alone, and to drink nothing but distilled water. Absurd as the practice appears at first view, still I think it not unlikely that the total abstinence from stimulation, which this plan enforces, may, in the *very early stage*, be attended with advantage; but, certainly, not at every period, whether ulceration have taken place or not, as recommended by the author.

These, then, are the remedial means to be made use of in scirrhus of the uterus; and I conclude my observations on the subject by earnestly imploring you not to imagine, because the disease is generally fatal, that therefore nothing can ever be done effectually for the patient's relief. I confidently re-state my conviction, that much may be accomplished *at the commencement*, not only in the way of palliation, but for the eventual

arrest of its progress—insurmountable difficulties, which, it is confessed, we frequently meet with, being the result of delay, this manifestly arising from the slight, and, to the patient, unimportant symptoms which characterize its first and only curable stage.

Treatment of Ulcerated Carcinoma.—The patient's sufferings are, in this stage, greatly increased; the discharge becomes highly offensive, irritating, and greatly increased in quantity; the bloodvessels become destroyed, and hence there are frequent and large effusions of blood. The constitution is greatly impaired, partly, doubtless, from the hæmorrhage, and partly, probably, from absorption of morbid matter into the system; the countenance is sallow, the eyes sunken, the pulse quick and feeble; ulceration advances, and the bladder is opened; the urine then passes involuntarily, and the fætor of the discharges is thereby greatly increased, or the rectum may be ulcerated into, and the patient will then have no control over her fæces. Before this takes place, however, there is difficulty in procuring evacuations, owing to pressure of the surrounding thickened parts upon the bowel. In one case, a difficulty of this kind was produced by the pressure of a number of enlarged and hardened glands situated along the course of the vagina. The inguinal glands frequently are involved in the disease, so that the central parts of the patient become one mass of disease, and this of the most painful kind.

After the occurrence of ulceration, all hopes of a *cure* must be abandoned; but we should endeavor by every means within our power to alleviate the misery of our suffering patient. Her state, however, is truly deplorable, and it frequently happens, that the best directed and most judicious means fail even to afford temporary relief; still it is your duty to make the attempt.

First, then, on the list of palliative measures, I would place cleanliness. Frequent, nay, almost constant ablution of the parts is required, that the acrimonious and highly offensive discharges be not suffered to accumulate, and to become more fætid; these applications must not be used very warm, lest the hæmorrhage be increased; in some cases, indeed, it is necessary to use them perfectly cold, that they may act as styptics to the bleeding vessels; a little chloride of lime may be advantageously added to the liquid employed; the female will thereby be relieved, in part, from the annoyance produced by the unpleasant smell; solutions of the same substance should also be placed in various parts of the room. The bowels are to be emptied rather by enemata than by the exhibition of aperient medicines. The sinking powers of the system must be upheld by a diet somewhat nutritious, but great care should be exercised in this respect, lest an unfavorable degree of over-excitement be produced; in general, no stimulating drink is allowable, although, in some cases, from the great degree of debility and exhaustion which is present, this rule may be departed from. Where the hæmorrhage is alarming, I have known good effects to result from the internal use of the muriated tincture of iron, combined with tincture of henbane; of course the relief is but temporary, for, as ulceration advances, more bloodvessels will be opened, and a repetition of the hæmorrhage follows

of necessity. Something must be done to lessen the agonizing pain, and nothing but opium will answer your purpose. This remedy must not, however, be given in the ordinary doses, or you will altogether fail in your object; you must be guided, gentlemen, not by the number of grains, but by the effect produced. I have known from twenty to thirty grains given within the twenty-four hours, and but little relief was experienced; this large quantity did not produce sleep, and only in a trifling degree did it seem to deaden pain. My usual plan is to exhibit two grains of opium at bed-time, and repeat the dose in the course of a few hours, if necessary. In a case which occurred some months since, ease was procured by adding one grain to the first dose, making it to consist of three grains. As the disease proceeds, emaciation increases, and at length, although, generally, not until after many years of pain, death puts an end to the patient's sufferings. In the dissection of patients who have died of cancer of the uterus, you often find that inflammation has extended to the neighboring parts, the surrounding intestines being frequently glued to the uterus by very tight adhesions.—*Lancet*.

OSTEO-SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

Miss —, aged 17, of delicate constitution, and bilious habits, was taken in November, 1839, with soreness and dull pain in or just above the knee-joint. It was supposed by herself and family to be rheumatism, and some stimulating washes were applied, such as pepper and vinegar, &c.; she continued, however, to attend school until February, 1840, at which time the joint began to enlarge rapidly, and to become so painful as to make it necessary to call on a physician. He prescribed sweating, emetics and liniments; which, however, had little or no effect. Another physician was called, who, I believe, prescribed mercury internally and iodine externally, with as little effect as was produced by the former remedies. A third one was called, who prescribed a seton above, and another below the joint, antimonial ointment upon the joint, and the internal exhibition of iodine. All these had no effect, unless it were to cause the disease to progress more rapidly. The joint was kept enveloped in some kind of cataplasm most or all the time, from February until June 30, at which time she died from extreme exhaustion.

On laying open the tumor (which was easily done with the scalpel), it was found to be composed of bony matter, in form more like moss growing from a rock, or an old log, than anything else to which I can compare it; the interstices being filled with a substance appearing somewhat cartilaginous and fatty, together with small follicles containing a gelatinous fluid. Perhaps one fourth of the tumor was composed of bone.

The measurement around the limbs was as follows:—The diseased limb, above the joint, $9\frac{1}{2}$ inches; around the joint, 25. The joint of the well limb was only $10\frac{1}{2}$.

E. R. HOLLENBECK.

Great Barrington, Aug. 3, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 12, 1840.

FRACTURES.

At the late anniversary of the Massachusetts Medical Society, A. L. Peirson, M.D., of Salem, delivered a discourse upon the subject of fractures. In a passing notice of the meeting, we then suggested that the paper read by Dr. Peirson would become good authority in the library. Since looking it over in the transactions of the Association, we are better satisfied of its real worth than before. It is one of those productions that evidence research, extensive observation, and a thorough acquaintance with writers eminent for their professional attainments in operative surgery. Mr. Morland's tables, annexed to the illustrative notes, give us favorable impressions, too, of the pupil. There is no attempt, in the discourse, at surprise—no wonders are related, nor anything like an approach to the poetry of surgery. It is a singular mistake of some of the best practical surgeons, that in commenting upon principles, or in stating circumstantially a case, they imagine that anomalous exhibitions will alone fix the attention of the reader. Hence the weight of character which they should and would have, in some instances, is overshadowed by marvels. But plain statements are deliberately consulted by judicious, thinking men, who are influenced by them, and who carry out good sound principles in the details of every-day practice. Dr. Peirson's essay on fractures will do credit anywhere to Massachusetts surgery. It is not to be supposed that Dr. P. claims that the doctrines he inculcates are solely and exclusively his own. He has collected, condensed, and systematically arranged, the opinions of others; but the agreeable manner of doing it belongs alone to himself. There was no particular need, however, of defining the word *fracture*, or detailing the chemical elements of bone, before an audience of able practitioners.

The kinds of *displacement*, *retraction*, *overlapping*, *rotation*, *flexion*, *lateral slidings*, are each of them scientifically adverted to—not in a farago of endless description, yet just enough is said to impress the memory of a student, who without much effort might repeat the whole discourse in a recitation. His observations on the causes of fracture, symptoms, and the mode of union, although collected for the simple purpose of whiling away an hour, according to the usages of the institution, may be fairly appealed to by any of us as an excellent specimen of what a surgical lecture should be. Under the head *treatment* we conceive that Dr. Peirson has done himself honor; and he is entitled to praise on the score of simplicity. If anything is intolerable in medical writings, it is a prosy, sleep-disposing theory. Give us the facts, in the fewest words, so expressed that there may be no misapprehension about the meaning of phrases.

Were we bent on fault-finding, which, happily for our personal comfort, is not the case, room would be found for some generous criticism. But we assure the reader that the discourse is, taken all in all, a capital text-book and manual on fractures—having a great deal in a little space. It ought not to mould away unseen, in an unbound pamphlet, confined to the boundaries of Massachusetts.

Pennsylvania College.—It may not, perhaps, be known to all, that Pennsylvania College is located at Gettysburg—and that a special act of legislation authorizes the medical faculty of that institution to confer medical degrees. We suppose, too, that the same law empowered them to settle in Philadelphia, as the most convenient place for completing the education of young gentlemen entering upon the profession of medicine. From the prospectus, it seems that the opportunities are ample for studying the minutest details of practice; and with regard to anatomical pursuits, Dr. S. G. Morton fills the chair. But to make the course of instruction as complete as possible, arrangements have been made with Dr. McClintock, of College Avenue, to teach a practical knowledge of that essential department, the foundation of all other attainments in the science of life. Last season, some one writes on the margin, there were about 85 students.

Boston Lunatic Asylum.—Dr. Butler's first report, to the City Council, is a document that will be read with pleasure by philanthropists. Although the institution has been but a little while in existence, it has assumed the order and method of those more extensively known to the community. The whole number of cases admitted was 104, of which 57 were males and 47 females. On the first of July, there were 87 inmates—of which 31 were foreigners, and 56 belonged to the United States. Nine have recovered—showing that it is not a hospital of incurables. As a majority of the subjects are derived from discouraging sources, some being demented, and others hereditarily deranged, the superintendent must exercise an uncommon share of patience in his unwearied efforts to better their mental condition. We look forward to very gratifying results if the system of moral management, now so happily begun, operates in future as it has in the beginning.

Temperance in Massachusetts.—Some one has kindly furnished us a copy of an address on this all-exciting topic, by Mr. J. H. Purkit. There seems to be fewer propositions or statements in it to interest the mere physician, than ordinarily characterize such discourses. However, that it is the medicine that is needed for the morally depraved through the vice of intemperance, cannot be questioned. We should like exceedingly to receive from Mr. Purkit some of the statistics of drunkenness in this Commonwealth. Such a paper would be greatly prized by the profession, and could be used by all who are well-wishers to the progress of temperance principles, with reference to the future.

Smallpox at Nantucket.—Three deaths have recently been caused at Nantucket by smallpox. It is presumed that vaccination has not been neglected. Should the disease creep into the whaleships, and develop itself at sea, the sufferings would be far more intense than it has yet been in vessels merely crossing the Atlantic from Europe to America. No whaler should be permitted to leave Nantucket without a good supply of virus, accompanied by instructions for using it.

Albany Medical College.—This spirited school, which is admirably organized, according to the statements of the new prospectus is nearly in

readiness for beginning the annual course of lectures. The term, however, opens on Tuesday, the third day of November. From all we can discover, the prospect is very flattering for the institution—nor is it less so for those who are educated in it.

Biliary Calculi voided by the Urethra.—Dr. Faber details the history of this very curious disease. The person affected was a female, and did not indicate the passage of gall-stones by the ordinary symptoms, nor was any disease of the liver suspected; she never had jaundice, but had suffered lately, for a considerable time, with pains and tenderness in the hypogastric region, and tenesmus of the bladder; her urine had become yellow, green, and brownish; more recently she had observed several small calculi to escape from the urethral canal. Chemical analysis proved these calculi to contain the same constituents as ordinary gall stones. At length the pain in passing the urine became so great that it was deemed necessary to cut into the bladder to extract a large calculus. The woman eventually recovered.

Of the numerous cases of biliary calculi referred to by Dr. Faber, one only, recorded by M. Barraud, presented any similarity to the foregoing. As for the explanation of this singular fact, there are but two ways of accounting for it, either by supposing that the calculi were formed in the hepatic ducts, and thence passed into the bladder through a fistulous communication, or that the principles of the bile were deposited in the pelvis of the kidney, and formed the calculi in that organ. Dr. Faber inclines to the latter opinion.—*Gazette Médicale.*

Cysticercus of the Brain.—M. Bouvier recently presented to the Royal Academy of Medicine an example of this entozoon, which he found in the brain of a woman aged 83 years. She had been admitted into the hospital on the 30th of Dec., 1839, presenting no other symptoms than slight feebleness of the intellectual faculties, with some loss of muscular power of the left leg. Eight days afterwards she was seized with pneumonia, and died without any other symptom of cerebral derangement. On examination, after death, a great number of cysticerci were found on the surface of the hemispheres, in the membranes, cortical substance, optic thalami, corpus callosum and cerebellum. Each cysticercus was enclosed in a small cyst, slightly adherent to the surrounding parts. The volume of the animal did not exceed that of a large pea, and seemed to consist, in great part, of a transparent vesicle, containing a very minute oval body, which is the cysticercus itself, rolled up. In a few examples, a point, like the head of a pin, could be discovered at the extremity of the ovoid; this is the head of the worm, and, on drawing it gently out, the animal is unrolled, and presents the exact appearance of the figure depicted by Bresner.—*Bul. de l'Acad.*

Operations for the Cure of Deformities.—In a late number of the French "Medical Gazette," M. Guérin gives the following list of parts which he has divided by the method of sub-cutaneous incisions:—

1. *Neck*—Sterno-cleido-mastoid; trapezius; levator anguliscapulæ; splenius; complexus; cervicalis ascendens. 2. *Back*—Trapezius, from its insertion along the scapula; rhomboideus; latissimus dorsi; sacro-

lumbalis; longissimus dorsi; intero-transverse fasciculi of the spine; 3. *Upper Extremity*—Deltoid; biceps; long supinator; flexor carpi radialis; flexor carpi ulnaris; superficial flexor and common extensor of the fingers. 4. *Lower Extremity*—Psoas and iliacus; long adductor; sartorius; rectus femoris; tensor vagina femoris; glutei; biceps; semi-tendinosus; semi-membranosus; tendo-Achillis; tibialis anticus and posticus; long and short flexors; the extensor, abductor, and adductor muscles; the peronei. 5. *Fascia and Ligaments*—Fascia lata and plantar fascia; sterno-clavicular ligament; scapulo-humeral; coxo-femoral; lateral of knee-joint; lateral and posterior of ankle-joint; astragalo-scaphoid capsule; scaphoido-cuneiform.—*Gaz. Med.*

Ligature of the common Iliac Artery for Aneurism.—M. Deguise, a French surgeon, has recently performed this operation with success. During the operation, the aneurismal sac, which occupied the external iliac artery, was accidentally opened, and gave rise to copious hæmorrhage; but this was readily arrested by compressing the aorta. Fearing that bleeding might occur from the inferior orifice of the iliac, or from the sac, the surgeon tied the femoral artery just below Poupart's ligament, but here again an accident occurred. The femoral vein was divided by the bistoury, and tied. Notwithstanding these untoward circumstances, the patient recovered in a couple of months.—*Ibid.*

Location of the second Cervical Vertebra of seven months' standing—Reduction—Cure.—M. Jules Guerin has succeeded in effecting the reduction of a dislocation of the axis, which had been produced seven months before, by a fall on the chin. M. Guerin was fortunate enough, after repeated trials, to bring the displaced vertebra gradually to its right position. All the external signs of the dislocation soon disappeared, and in three months the patient was able to execute all kinds of motion of the head and neck. We shall communicate to our readers this interesting case as soon as M. Guerin has published it in detail.—*London Lancet.*

Exostosis of the Femur—Operation.—J. S., aged 9, was admitted Feb. 22, 1840, into the University College Hospital. Six months ago he perceived a small swelling on the inside of the lower part of the left thigh; this gradually increased until his admission; he had never suffered any pain or inconvenience from it. There is a swelling of about the size of a walnut, a little above the condyle, and apparently connected to the femur. Mr. Liston determined on removing it, and having made an incision in the direction of the fibres of the vastus internus muscle, a small cartilaginous exostosis was exposed, having a narrow neck, and connected near to the condyle. With the cross-cutting pliers and the straight bone forceps, the diseased growth was quickly removed. A small artery, which bled, was tied, and the ligatures were cut off close to the knot. In the evening the wound was brought together with some strips of isinglass plaster.

March 15. The wound is nearly well. Some little erythema occurred a few days after the operation, and the wound would not unite by the first intention. The strips of plaster were soon removed, and the wound granulated and healed by that process.—*Ibid.*

The Bicarbonate of Potash in Diarrhœa.—During the period of dentition, children are often liable to diarrhœas of greenish stools (from four to six in the 24 hours), mixed with mucosities, and accompanied by vomiting and colicky pains. These derangements of the digestive organs are owing to the presence of too great a quantity of acid in the stomach. No sooner does the milk reach the stomach than it coagulates, and is immediately thrown up by the child. The preparation best adapted to this condition of the stomach, is the sugar of Vichy, which consists of two drachms and a half of bicarbonate of potassa, mixed with eight ounces of double refined sugar pulverized. It is administered to children in a spoonful of water. If it is not retained, from half a drachm to a drachm of the same salt is to be taken by the nurse, by which means the milk becomes more alkaline, and a portion of the acid of the stomach is neutralized. This remedy, sufficiently long persisted in, has saved the life of many an infant, who, as is well known, most usually fall victims to diseases of the intestinal canal.

In adults, the alkaline bicarbonate is of the same service. When the secretion of the acid is too active during digestion, the unpleasant results occasioned are well known—diarrhœa, and sometimes vomiting. The patient should in this case drink a bottle of Vichy water a day. This, given to a healthy man, would produce constipation in a short time.—*PROF. MARTINS, in Medical Examiner.*

Medical Graduates for 1840 in the United States.—The University of Pennsylvania, 163; Medical College of South Carolina, 65; Transylvania University, 60; Jefferson Medical College, 57; Medical Institute of Louisville, 39; Medical Department of Pennsylvania College, 28; Medical Institution of Geneva College, 19; Washington University of Baltimore, 19; University of Maryland, 14.—*Ibid.*

Of the 40 deaths in Boston last week, recorded in our report, 21 were of children under two years of age. The proportion was nearly the same in the city of New York.

TO CORRESPONDENTS, &c.—The communications of Drs. Hollenbeck and Wheeler will be inserted next week.—The title page and index of last volume will be sent out as soon as printed.

DIED.—In Hanson, Dr. Samuel Barker, 78.—In Hartford, Ct., Dr. Thomas Greene, of Providence, R. I., 76.

Number of deaths in Boston for the week ending Aug. 8, 40.—Males, 22—females, 18. Stillborn, 4.

Of consumption, 1—bowel complaint, 2—infantile, 4—cholera infantum, 4—brain fever, 1—teething, 2—marasmus, 2—dropsy on the brain, 1—apoplexy, 1—dysentery, 5—old age, 2—inflammation of the bowels, 1—child-bed, 2—cancer, 1—typhous fever, 1—drowned, 2—disease of the heart, 1—scarlet fever, 1—canker, 1—jaundice, 1—intemperance, 1—lung fever, 1.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.

JACOB BIGELOW, M.D.

JOHN RANDALL, M.D.

RUFUS WYMAN, M.D.

WALTER CHANNING, M.D.

ENOCH HALE, M.D.

GEORGE C. SHATTUCK, M.D.

GEORGE HAYWARD, M.D.

JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 5th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Gerhard, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verite est dans les choses, et non dans mon esprit que les juge." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the patholo-

gy and treatment of medullary lenconea," with the motto, "On observe la nature; on ne la devine pas."

The following prize questions for 1841, are already before the public, viz.: 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances? 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease."

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz. :—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840.

A 12.—4t

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. July.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. F.	P.M.	Therm. F.	Barom. F.	P.M.	Barom. F.			
1 Wed.	65	79	71	29.30	29.32	29.35	N W	Fair	
2 Thur.	58	73	70	29.45	29.52	29.58	N W	Fair	
3 Frid.	62	68	66	29.61	29.65	29.62	N E	Cloudy	Light showers.
4 Satur.	58	74	73	29.60	29.63	29.67	S E	Fair	Very pleasant day.
5 S.m.	57	80	74	29.68	29.74	29.76	N	Fair	Fog in the low grounds.
6 Mon.	60	74	67	29.75	29.75	29.72	N E	Fair	Foggy morning.
7 Tues.	63	67	67	29.70	29.67	29.63	N E	Cloudy	Light shower in the morning.
8 Wed.	62	73	69	29.60	29.58	29.51	S W	Fair	Shower at 1, P. M.
9 Thur.	65	82	68	29.36	29.28	29.26	S W	Cloudy	Fine shower at 6, P. M.
10 Frid.	64	81	75	29.25	29.34	29.41	N W	Fair	
11 Satur.	55	81	76	29.18	29.49	29.18	S W	Fair	
12 Sun.	64	86	78	29.18	29.50	29.47	S	Fair	
13 Mon.	61	80	72	29.40	29.30	29.20	S	Cloudy	Foggy morning. Shower at midnight.
14 Tues.	72	83	78	29.13	29.13	29.20	W	Fair	Shower at 11, A. M.
15 Wed.	68	88	81	29.32	29.38	29.13	S W	Fair	
16 Thur.	69	91	82	29.47	29.50	29.51	W	Fair	
17 Frid.	68	90	80	29.50	29.49	29.17	S W	Fair	Dry season.
18 Satur.	74	78	78	29.44	29.50	29.48	S W	Cloudy	Light showers.
19 Sun.	72	83	71	29.38	29.22	29.23	S W	Fair	Showery in the afternoon, with high wind.
20 Mon.	58	70	69	29.38	29.50	29.17	N W	Fair	
21 Tues.	58	78	74	29.43	29.47	29.50	S W	Fair	
22 Wed.	58	83	75	29.55	29.61	29.60	S W	Fair	
23 Thur.	62	78	70	29.58	29.50	29.17	S	Fair	Began to rain at 9 o'clock, P. M.
24 Frid.	68	75	72	29.25	29.11	29.21	N W	Fair	Rain continued till 11. Afternoon showery.
25 Satur.	64	80	71	29.38	29.54	29.60	N W	Fair	Pleasant day. Aurora borealis.
26 Sun.	61	80	78	29.61	29.63	29.61	S W	Fair	Foggy morning.
27 Mon.	64	82	76	29.66	29.70	29.66	S	Fair	Showery in the afternoon.
28 Tues.	61	80	71	29.60	29.50	29.40	S	Fair	Fine shower in the night.
29 Wed.	68	83	74	29.26	29.30	29.38	S W	Fair	High wind. Aurora borealis.
30 Thur.	62	78	74	29.50	29.55	29.51	S W	Fair	Smoky day.
31 Frid.	61	80	76	29.60	29.61	29.60	S W	Fair	

July has been a favorable month for the farmer. Crops of hay and grain are abundant, and have been well secured. The latter part of the month has been dry. Range of the thermometer, from 55 to 91; barometer, from 29.06 to 29.76. There have been frequent showers, but no severe thunder storms.

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No. 2.

PATHOLOGY OF PUERPERAL FEVER.

BY ROBERT KNOX, M.D., EDINBURGH.

It has been known for some time, that in the South of Scotland and North of England, a puerperal fever of a very fatal character prevails in several districts, causing a good deal of alarm to those who are practising the obstetric art. Already a considerable number of fatal cases has occurred; and as, for many reasons, it was desirable that every possible inquiry should be made into the cause of so dangerous and fatal a malady, I was requested, by a distinguished practitioner here, to give an opinion respecting the morbid appearances found in two fatal cases. In stating the result I shall be as brief as possible, being sensible how much has been done on the subject of the pathology of puerperal fever since the time of Mr. Hunter, who, if I may judge from a memorandum taken from a manuscript copy of his "Lectures on Surgery" (and which I accidentally met with many years ago), viewed the cause of puerperal fever to be merely peritoneal inflammation. There can be no doubt that in one respect Mr. Hunter was right, and that the sero-purulent effusions which are so generally found in the cavity of the peritoneum, after death from puerperal fever, and were also found in the cases which form the subject of this paper, can have their origin solely in inflammation of a serous membrane. Whether or not this was the whole amount of Mr. Hunter's knowledge we cannot now determine, so far as I know.

I have myself examined the morbid appearances in about thirty fatal cases of puerperal fever which have occurred in Edinburgh, or elsewhere, having been frequently requested to do so by accoucheurs, who declined handling the abdominal viscera in such cases from a dread of the morbid fluids possessing contagious properties. In nearly all these cases a sero-purulent fluid was constantly present in the peritoneal cavity, and not unfrequently obvious marks of peritoneal inflammation extending to its serous surface; but every pathologist knows that in addition to these appearances, which are not absolutely constant, there are others of a much more decided and extended character, altogether exterior to the serous membrane, properly so called, consisting in purulent deposits more or less extensive in the sub-serous cellular membrane; veins filled with purulent fluids, and whose walls seem, also, to have partaken in the inflammation; and *lymphatic vessels*, which are found filled with well-digested pus, even admitting that the walls of these vessels

may not have partaken of the general inflammation of the surrounding parts. In addition to this, inflammation, with softening of the ovaria, is also frequently present. It must not be supposed, however, that all these appearances are found in *every* case; more generally, I think, the seat of mischief seems to be in the veins, which, together with the surrounding sub-serous cellular tissue, are filled and infiltrated with purulent fluids. On the other hand, but more rarely, the lymphatics alone seem to be the seat of the disease, and it is sufficiently remarkable, that in both the preparations which form the subject of this paper, the veins seem healthy, whilst the *lymphatics* were gorged with pus. This, undoubtedly, is the rarer form of the disease; although also sufficiently frequent.

Of late years, a new field of inquiry has been opened up in respect to the presence of pus-globules in the blood, derived from such sources as that we now speak of; and although it can scarcely be doubted, that such will be found in the general mass of the blood in puerperal cases, seeing that it exists in such quantities in the veins and lymphatics, it were yet extremely desirable to put the matter beyond a doubt by the microscopic examination of the blood itself; such an inquiry, independent of the verification of a useful physical truth, must, one would imagine, ultimately contribute to throw new light on the treatment of a disease, notoriously beyond the power of medicine in general, and respecting the treatment of which, so far as I have been able to observe, the opinions of practitioners are altogether unsettled.—*London Lancet*.

THE TREATMENT OF TYPHOUS FEVER.

BY W. SIMPSON, M.D., LONDON.

It appears to me that during the last ten or fifteen years the minds of general practitioners, and young men coming forward in the medical profession, have been very much confused by the variety of opinions held by eminent physicians, as to the treatment and pathology of various diseases, particularly those called malignant. It is well known that one class of practitioners say, fever is essentially inflammatory, and take blood on all occasions where the excitement is great. Another class hold the very opposite opinion, and say, fevers are at all times liable to assume a typhoid type, and if you want to serve your patient you must not bleed, as by doing so you will reduce his strength, and take from the system a quantity of vital fluid, which would ultimately be necessary to keep him from sinking.

Having seen a great number of cases of the worst kind of typhous fever in Belfast, Dublin, Edinburgh and London, and having seen all kinds of treatment tried with nearly the same average success, I was at a loss to account for such contradictory results. I had always heard the subject reasoned on in a mathematical manner, and, of course, expected precise consequences to given premises, viz., if (as one party say) you have ten cases of typhous fever, and don't bleed, you are sure to lose the half of them; but if you do bleed, you will, to a certainty, save

nine of them. The advocates of the other system make the same calculations with the same confidence as to the results. To my surprise I found the one party nearly as successful as the other, and the most fortunate hospital physicians were those who adopted a mixed kind of treatment, or (as Dr. Graham, of Edinburgh, advised us to do, when we were puzzled in our diagnosis) "treated the symptoms as they occurred, attacking the most prominent first."

As an illustration of the glorious uncertainty of prejudiced views, either for or against bleeding, I shall mention a case which occurred in the Edinburgh Infirmary, in 1828 or 1829. Dr. Duncan (author of the "Edinburgh Dispensary," and then editor of the "Edinburgh Medical and Surgical Journal") was, at the time, attending and giving clinical lectures. The patient was admitted evidently laboring under the worst symptoms of typhous fever; the debility was extreme, accompanied with low muttering delirium, difficulty in deglutition, sordes upon the tongue and teeth, and a few small petechial spots upon the skin. He was ordered wine, with aperients, and the usual remedies; in the course of a day or two the brain changed from that state, which the doctor called congested, to what he considered to be active inflammation. What was to be done? If we don't bleed this man he will die of inflammation of the brain; and if we don't give him wine he will sink from the effects of typhous fever. To our surprise the doctor determined to try both. The man was bled from the arm, and the quantity of wine increased. The next day his head appeared better, and the fever about the same. Leeches were applied to his temples and behind his ears. The wine was ordered to be continued, and if necessary increased. The following day the head was better, and the fever less; the sordes began to disappear, and with them the fever. The man became convalescent, and was able to leave the hospital *sooner* than others who had not been so severely affected, and had been merely treated with salines and aperients. It strikes me, that in the above case the disordered state of the blood was the cause of the deranged functions of the brain, and that the bleeding, in place of inducing dangerous debility, made room for an equal quantity of wine and water, or some other fluid. It is much to be wished that some lecturer would take the trouble to concentrate the observations of M. Magendie, Dr. M. Hall, and others, upon the subject of the state of the blood in various diseases, the effects of blood-letting, of medicines (wine included), and of the absorption of deranged secretions from the liver, kidneys, &c., upon the blood. There can be no doubt but that the system of bleeding, largely accompanied by evacuating and antiphlogistic remedies, has been carried too far; so, also, has the stimulating plan; and very often natural strength of constitution has contributed more towards cure than the treatment adopted by either party. The advocates for reserving the vital fluid, forget there must be a great difference in the quality of blood in a state of health and a state of disease—that what is vital in the one might be vicious, nay, even poisonous in the other, as has been observed by Dr. Hall and others, in cases of jaundice and suppression of urine. If this be correct, the blood, in place of supporting the strength, may be doing harm by

causing functional derangements in the brain, lungs, liver, &c., and thereby keeping up the very state which you want to alter. I consider the deficiency caused by the loss of a pint of blood would not be badly made up for, in such cases, by giving as much barley-water, or toast in water, as the patient chooses to take, and, if necessary, occasionally a cupful of mutton-broth or beef-tea. I am also fully persuaded, that what Dr. Hall calls trial-bleedings might often be very usefully adopted. In the above remarks I did not consider it necessary to say anything about the general treatment, diet, &c., as all are aware of the necessity of removing morbid secretions as soon as they are formed. My object is merely to draw attention to the subject, and not to claim any originality of thought or observation, as I know many practitioners who entertain the same views.—*Ibid.*

VERATRINE, DELPHINE AND ACONITINE.

BY SAMUEL CARTWRIGHT, M.D., OF NATCHEZ.

[DR. CARTWRIGHT, during his late visit to this city, related to us some striking cases of cure by the external application of these new and most active remedies. At our request he furnished us with the following communication, which we hope will lead some of our readers to make a trial of the articles, and report to us the results of their experience. Dr. Cartwright has seen acute rheumatism, neuralgia and tooth-ache effectually and promptly relieved by friction with the ointments; and although he does not profess to have used them extensively in his own practice, his experience strengthens the good opinion he formed of them while witnessing their action in the hospitals of London and Paris.—*Western Med. Journal.*]

DEAR SIR,—It is near bed-time, and I leave the city in the morning in quest of health. I have not time to write an essay, but as you took so deep an interest in the cases which I mentioned to you that I had seen treated successfully with certain alkaloids, I herewith leave you a few extracts from my note-book, compiled from clinical observations made in Europe. As I have nothing original to offer in regard to the use of the new medicines, I think it better to copy my European notes than to enter into any details of my own experience: that experience, as far as it goes, is favorable.

I will, therefore, copy the various formulas in which I have seen these new medicines, in the various hospitals of London and Paris: 2dly, enumerate the principal diseases in which they have been used with more or less success; and 3dly, the manner of using them. Although I write in great haste, you may rely on the correctness of the formulas, as I had plenty of leisure while abroad, and was very particular, deliberate and careful in taking my notes.

1. *Veratria Ointment.* (Veratrum Sabadilla.) R. Veratria, 3ss.; ol. oliv. ʒi.; adip. ppt. ʒi. M. fiat ung.

Veratria Embrocation. R. Veratria, ʒi.; sp. rect., ʒi. M.

Veratria Pills. R. Veratria, gr. i.; ext. hyosciam., pulv. glycyrrhiz., āā grs. xij. M. Ft. pil. xij. Dose, one pill every three hours.

Delphinia Ointment. (Delphinium Staphysagria.) R. Delphinia, ʒ ss.; ol. oliv., ʒ i.; adip. ppt., ʒ i. M. Ft. ung.

Delphinia Embrocation. R. Delphinia, ʒ i.; sp. rect., ʒ ij. M. Ft. embroc.

Delphinia Pills. As the veratria pills.

Aconitine Ointment. (Aconitum Napellus.) R. Aconitina, grs. xvi.; ol. oliv., ʒ ss.; adip. ppt., ʒ i. M.

Aconitine Embrocation. R. Aconitina, grs. viij.; sp. rect., ʒ ii. M.

Aconitine Pills. After the same formula as the veratria and delphinia pills.

The *tincture of aconite* is made by macerating one pound of coarsely powdered aconite root in two pounds of alcohol seven days, and filtering.

The *delphinia* is made by evaporating to a thin extract a saturated tincture of the seed of the stavesacre (Delphinium Staphysagria), and treating it with water acidulated with sulphuric acid, filtering the solution, and precipitating it by ammonia—freeing the precipitate from its water by taking it up by alcohol, and again reducing it to an extract. Then dissolve the extract by acidulated water, and add nitric acid while a precipitate falls. The liquid freed from this precipitate, ammonia is added, and the powder thrown down and dried. It is white.

The extract of *aconite* is made by evaporating the tincture to an extract. The aconite pills are made after the same formula as the aconitine pills, using twice the quantity of the alcoholic aconite extract in lieu of the aconitine. Twelve aconitine pills contain one grain of aconitine; and twelve aconite pills contain two grains of the extract of aconite. The dose of the former is one twelfth of a grain, and of the latter one sixth of a grain.

The extract of *sabadilla* is made by evaporating the tincture of the seeds of the veratrum sabadilla to the consistence of an extract. The sabadilla pills are made after the formula of the veratria pills, using, however, two grains of the alcoholic extract of sabadilla, in place of one grain of veratria.

The *tincture of stavesacre* is made after the same manner as the tincture of sabadilla, using the powdered seed of the stavesacre, for those of the sabadilla.

The *ioduretted veratrine ointment* is made by substituting half a drachm of the hydriodate of potash for the olive oil, in the preparation of the veratria ointment.

2. The diseases in which some one or more of the foregoing preparations have been found more or less useful, are tic douloureux, rheumatism, acute and chronic croup, angina pectoris, gout, dropsy, spasms of the stomach, tooth-ache, scrofulous swellings, capsular cataracts, iritis, internal ophthalmia, amaurosis, and hypertrophy of the membranes in general, and a variety of indurations, thickenings and swellings.

3. *Manner of using the remedies.*—The hand is to be kept moist with any one of the ointments, and rubbed briskly, and with some little

force, over the affected part for ten or fifteen minutes, or more. There is no fear, says Mr. Turnbull, of London, of using the friction too long. He assured us that when used beyond a certain point, the electro-stimulation became insupportable. This stimulation, he contended, must be fully induced before the sanative effect of the remedy can be expected. What he calls *electro-stimulation*, is a sense of pricking and numbness in the parts subjected to the friction. The ointments do not chafe or irritate the skin. They are applied generally two or three times a day, but in violent cases they are used oftener—say every three hours, until the electro-stimulation is fully induced, and the disease relieved; then to be gradually discontinued.

The tinctures and embrocations are used pretty much after the same manner with the ointments. The internal use of the medicines did not fall under my observation; but when the electro-stimulation cannot be sufficiently induced by their external use, the pills are advised both by the London and Paris physicians—one, for example, every three hours.

The several preparations above mentioned, have nearly the same effects. The veratrine, delphine, and aconitine ointments, embrocations and tinctures, are alternately used, to induce, in the first place, the electro-stimulation, and, in the second, to keep up that stimulation. Some persons are not affected by one, when they would be by another; and the same preparation, after being continued for some time, loses its effect in some cases, and hence recourse should be had to another. In croup, the ointment is rubbed over the throat—in neuralgia, over the affected nerve.

One of the surgeons of St Bartholomew's Hospital, in a case of *tic douloureux*, made an ointment of aconitine, five grains, rubbed with five drachms of cerate. He applied a very small quantity with his finger over the painful nerve, once or twice a day, for six days. It produced numbness over the jaw for twelve or eighteen hours. The aconitine was prepared by Mr. Mordon, of Southampton-row, London, who is said to make the purest article.

In affections of the eyes, the ointment is rubbed over the forehead. The ointments are applied with the hand; a sponge is used in applying the tinctures and embrocations. The medicines are all very costly, and are apt to be adulterated, or improperly prepared. When genuine, they nearly always promptly produce a degree of numbness, and a pricking sensation on the surface to which they are applied. Their application to blistered surfaces, and to the mucous membranes, had been ventured on, but great caution is necessary in this mode, as the experience with them thus applied, is not sufficient to enable us to form rules.

When I was in London, Dr. Turnbull was preparing a work on the above remedies.

Louisville, June 16, 1840.

TREATMENT OF FRACTURED EXTREMITIES BY THE IMMOVABLE APPARATUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In looking over your Journal, a few days since, I saw the report of several cases treated by the immovable apparatus, all of which terminated favorably ; and, as the method is not generally practised in this country, I beg leave to state to the faculty, through your valuable work, that I have treated, since January, 1840, four cases of fracture of the leg by the immovable apparatus, with the most happy results. Some were of one, and others of both bones—no deformity remaining in either case. One of the above cases was a compound fracture of the tibia. In this case I did not apply the immovable bandage until the 7th or 8th day. After the bandage became dry, I removed, with my knife, a circular piece over the wound in the flesh, so that I could examine it at any time. After removing the bandage over the wound, I filled the cavity with lint, and applied a short roller. In all the above cases the bandage was not removed until there was a perfect union of the bones.

I apply the bandage differently from what they do in the New York Hospital, where the starch or paste is applied to the limb itself and to the bandage throughout. I first apply a roller dry, so as to cover the limb three or four thicknesses ; upon this I apply the starch, then the paste-board, and over it a roller, saturating it with starch, as I apply it until it is of sufficient thickness to form a stiff case when dry.

Great Barrington, Ms., Aug. 3, 1840. E. W. HOLLENBECK.

LYCOPUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The name of this plant is a Greek derivative from words signifying a wolf and a foot. The ancients fancied a resemblance between the gashed radical leaves of the species *europæus* and a wolf's foot. The name is given to a genus of plants in the Linnæan system ; class *Diandria*, order *Monogynia*. The common names are wolf's claw, water hoarhound, bugle weed, &c. There are four species of this genus ; the *europæus*, *virginicus* (and a variety—*quercifolius*), *uniflorus* and *obtusifolius*.

Two of the species, the *europæus* and *virginicus*, have been used in the healing art ; but the former of these, only, has been used in my own practice. This may be relied on as being a powerful astringent, and is well calculated to arrest internal hæmorrhage. I have frequently made use of it in cases of obstinate epistaxis, and in all these cases the bleeding has ceased in a very short time after the application.

In the summer of 1838, I was called, early one morning, to see a young man, 18 years of age, who was subject to frequent turns of bleeding at the nose. At this time the bleeding commenced while he was sleeping, and being much fatigued he lay all night between the sleeping and waking state, not having a full sense of his situation till his

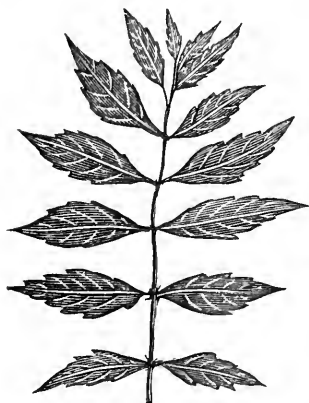
friends found him in the morning, prostrated to an alarming degree, from the quantity of blood he had lost. I tried the usual means for arresting the hæmorrhage, but all to no purpose. As I was standing in the door, my eye rested on a bunch of the water hoarhound which was growing near by. Thinking this to be a case where a fair trial of its virtues might be made, I immediately picked off a few of the stalks, and, bruising them with my hands, and twisting them into a proper form and size, passed them up the nostril until they pressed upon the mouth of the bleeding vessel. The bleeding ceased very readily, and did not return.

A friend of mine, who is a farmer, was formerly troubled exceedingly with epistaxis while at his work, especially in the haying season. When the bleeding came on, he would seek out the *Lycopus europæus*, which, in the western counties of this State, is almost everywhere to be found, and having used it in precisely the same manner as I did in my patient's case, as related above, the bleeding would cease. It would return, however, every few days, as long as he exerted himself violently in the warm season.

Several other cases that have fallen under my observation bear testimony to the remedial virtues of this plant; but they are not of sufficient importance to deserve an insertion here.

The *Lycopus* would, no doubt, be a valuable remedy for bleedings from the lungs, stomach, bowels, uterus, &c., were it to be used in such cases. I hope physicians will give it a fair trial. Whenever any of these last-named cases have occurred in my practice, this remedy has not been at hand, therefore I can say nothing of its effects in them from experience.

The herb may be used in substance, dried and pulverized, or in the form of decoction, infusion or tincture. I would, however, prefer the expressed juice of the green herb to any other form. The dose may be regulated by that of the other more powerful vegetable astringents.



I send you Prof. Eaton's description of the plant, accompanied by an impression of it and a dried specimen. If you can give a wood cut, in the Journal, taken from this impression, that, together with the description, would enable a mere novice in botany to recognize it at a glance.

"*Lycopus europæus*—(blossoms white—blossoms in July) lower leaves gashed; upper ones lanceolate, serrate; calyx acuminate—spined. Flowers small; whorled. Grows in damp places, from one to three feet high.

"*Lycopus virginicus*—leaves broad—lanceolate, serrate, at the base narrowed and entire; calyx, very short and spineless. Variety *quercifolius*—leaves sinuate—pinnatifid."

I find the species *virginicus*, only, in this part of the State; but the

europæus grows in abundance in the western part. I have seen it abundant, also, in Connecticut and New York. Respectfully yours,
 Unionville, Mass., July, 1840. E. G. WHEELER.

CASE OF HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 3d of March last I was called to see a young married lady, æt. about 23, who was the mother of one child, a female, about 16 months old, which yet nursed. I found the mother laboring under a paroxysm of hysteria, with quite severe spasms. On inquiry, I learned that she was naturally of a nervous and irritable temperament, but of a healthy and robust constitution; that about six months before, she had an attack of hysteria, in consequence of a severe fright, and that this, the second attack, was brought on in consequence of violent mental emotion. The patient's head and breast being made bare, and removed from over the bed and supported by an assistant, I threw on, by three dashes each, two pails of cold water, which allayed the spasms entirely in a short time. To prevent the return of the fits, I administered some anodynes, with antispasmodics and a mild cathartic. The patient immediately recovered. The child was soon placed at the breast, and nursed heartily. On the following day, about 24 hours from the time of the recovery of the mother from her paroxysm, I was called to see the child, which I found with all the symptoms of hysteria; violent and convulsive laughing, alternating with crying and screaming, suffocating spasms of the throat, a wild and furious expression of the countenance, which soon terminated in convulsions of a pretty severe character. The little patient was treated in the same manner as its mother, and recovered as rapidly.

The following extract is from Eberle:—"Hysteria is essentially a dynamic affection of the nervous system, manifesting itself by morbid phenomena in every sensitive and irritable part of the system, in the voluntary and involuntary muscular systems, in the sensorial organs, the brain, the intellectual faculties, the digestive apparatus, the various glandular viscera; in short, it presents, in its multifarious symptoms, every morbid sympathy, perhaps, of which the animal system is susceptible.

"Hysteria, though not exclusively, is chiefly confined to females. It never occurs during childhood, and its appearance in the form of convulsions or distinct paroxysms in old age, is almost equally uncommon."

Fairville, N. Y., Aug. 5th, 1840. C. G. POMEROY, M.D.

P. S.—Will Dr. McIntyre be so good as to give us a history of the case of *Fungus Hæmatodes* which occurred in his practice last spring, and in which he performed amputation. C. G. P.

SMALLPOX CONTAGION CONVEYED IN A LETTER.

[THE following case is related, in the last No. of the American Journal of Medical Sciences, by W. L. Atlee, M.D., of Lancaster, Penn.]

Mr. Robert Atkinson, of Lancaster, Pa., was taken sick on the 8th of December, 1839, with the eruptive fever of smallpox. He passed through the distinct variety of genuine variola under the care of my brother, Dr. John L. Atlee, without any very unfavorable symptoms. The attack was of a violent grade, and the skin was completely covered by the eruption. On the 18th of the same month the pustules began to dry, and on the 22d he was able to be out of bed. By the 29th the scabs had all scaled off, leaving a few scurfy exfoliations upon the hands and head. On this day he wrote a letter to his brother, Richard Atkinson, in Wellsville, Columbiana County, Ohio, giving him an account of his recent illness and of other domestic afflictions. This letter was written on glazed writing paper, and sealed with a wafer moistened by his own saliva. Being detained on the road by the great snows which fell about that time, it did not reach Wellsville until between two and three weeks after it was written. After receiving the letter, Richard Atkinson tore open the wafer, and carried the letter in his vest-pocket for several days. He wrote an answer to it on the 15th of January, 1840, and during this time had the letter, which he had received, lying before him and under the sheet on which he was writing. He wrote another letter to a friend on the 9th of February, and on the 12th he walked twelve miles on business, and on Monday, the 17th, he took sick with the prominent symptoms of smallpox. The disease proved to be of the confluent character, and terminated fatally on the 1st of March.

Mr. Atkinson, of Ohio, had a sore on one of the fingers of his right hand, and one upon his breast. These sores first took on the appearance of variola, before the surface generally became affected.

An old man, who had assisted in putting the body into the coffin, went afterwards to a neighboring tavern, and, before having washed his hands, shook hands with a young man, who, without any other known cause of contagion, took the confluent smallpox and died about the 25th of March. The smallpox and varioloid now spread through that neighborhood.

There had been no cases of variola at Wellsville or near it for two years before, and no other cause for its introduction could be ascertained than the letter from Pennsylvania.

Both the Messrs. Atkinson had been vaccinated about twenty years before in England, neither of whom took the vaccine disease.

The above statement was made to me by Mr. Atkinson, of Lancaster, who went to Wellsville, after the death of his brother, and ascertained these facts. As he is a gentleman of the strictest veracity, the statement can be relied on. Should there be any error in it, it is hoped that the physicians there will correct it.

Several questions naturally suggest themselves, arising out of this interesting case. How did this letter communicate the disease? Can the furfuraceous sequelæ of variola produce smallpox by inoculation, or in any other way? Could the disease have been communicated by any loose scurf folded up in the letter? Or by any taken up from the fingers by the wet wafer? Could the saliva with which the wafer was moistened

have contained contagion? Could the paper have imbibed it from the hand of the writer? Or could it have imbibed it from the air of the room when it was saturated with the effluvium? Could the ink have absorbed it, as fluids do certain gases? Would the deceased have been likely to have received the contagion had the skin of the hand been unbroken, or had he not carried the letter about his person? Can letters or packages taken out of a variolous atmosphere, infect districts through which they pass? Is our quarantine calculated to prevent similar results? These and other questions may arise out of the above case, but I will leave others to pursue them.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 19, 1840.

DISEASES OF CHILDREN.

JAMES STEWART, M.D., of New York, whose translation of M. Billard's treatise on Infantile Diseases made his name familiar to the public, has recently issued proposals for a treatise, expressly his own, on the diseases of children, which will make 450 pages, octavo, of admirable typographical execution. Notwithstanding the large profits arising from the sale of this gentleman's translation of Billard, in consequence of the failure of the publisher Dr. Stewart never realized a farthing for the immense labor the work must have cost him. Independently of his acknowledged fitness for the execution of the proposed volume, he certainly has a claim upon the sympathies of the profession—for let physicians do what they may in this country, they are but poorly compensated under the most favorable aspect of the times.

The manuscript being nearly ready, it will probably be printed about the first of January. Those who are disposed to encourage medico-literary enterprise, since it is to be published by subscription, may transmit their names to the author, at No. 355 Hudson street, New York. If more convenient for those residing in the New England States, they may be forwarded to this office.

"In carrying out the proposed plan, the work has been arranged agreeably to the system of the functions adopted by the ancients—which is the foundation of the various systems of the present day—and which, from its simplicity and natural order, and for other obvious reasons, is more applicable to the condition of children than that of Bichat, now usually adopted.

"The diseases have accordingly been arranged under the three different heads of the *vital*, *natural* and *animal* functions; a system in close connection with the recognized principle of the succession of developments. The respiratory system is thus the first in the natural order, as it is the first that demands the attention of the physician. A physiological view of the respiratory organs in children, and the signs of disease which these organs exhibit, precede the consideration of their diseases. The diseases of this system follow, each under four different divisions:—etiology, semieology, morbid anatomy and pathology, and treatment. The next in

order, is the circulatory system, with a similar physiological introduction, and the signs of disease, which this system likewise presents: the diseases then follow, with a sub-division like those of the preceding class. The natural functions, comprising the digestive and excremental systems, are next considered; the latter being sub-divided into the glandular and cutaneous systems, with an arrangement like those already mentioned. The like order is followed through the animal functions, which comprise the nervous system, organs of sensation, and the motive system, which are the last in the natural order of the development of the body."

American Medical Almanac for 1841.—Those gentlemen who are preparing papers for this annual chronicle of the progress of medical science in the United States and the British Provinces, are respectfully reminded that the editor will be particularly obliged if their manuscripts are forwarded to Boston, to the address of the Boston Medical and Surgical Journal, No. 154 Washington street, by the middle of September. Punctuality is quite necessary, as the compositors cannot conveniently wait for copy when the work has once been commenced. We are gratified to learn that Dr. Macgowan, of New York, is engaged in collecting the medical statistics of that city, and that under his vigilant eye the article will be full and complete.

The faculties of medical colleges throughout the country can have an opportunity of inserting historical memoranda, prospective views, &c. accompanied by engravings of their public buildings, provided such engravings are neatly executed, and do not exceed the width of the page. Medical practitioners, also, throughout the country, are invited to transmit such statistical information as they have it in their power to collect—and in fact, articles on any subject of general interest to the profession, not exceeding six pages, brevier type, with author's name appended, can be inserted. Those with whom the editor is not in correspondence, and who wish to avail themselves of the advantages of this extensively circulated volume, are desired to write forthwith—stating the time when their manuscripts may be reasonably expected. The last of September, it is believed, will afford distant writers ample opportunity for accomplishing their wishes in this respect.

Thus far, the Medical Almanac has been well received, both at home and abroad; and the series will ultimately become an important collection of medical chronology. It registers the changes of public institutions and of public medical men—shows the past, and points to the future.

The Belgian Giant.—Since it is the legitimate province of a medical journalist to chronicle whatever may be even remotely serviceable to succeeding scientific writers, a condensed notice of the physical structure of one of Nature's colossal specimens of humanity, now on exhibition in Boston, cannot be otherwise than well adapted to our pages.

Mons. J. A. J. Bihin is very appropriately announced to the public to be a giant. His magnificent organization gives us some conception of the stature, carriage, and prodigious muscular power of the renowned champion of the Philistine army, of a remote antiquity. Goliath exceeded *eleven feet, nine inches* in height. Mons. Bihin measures *seven feet, six inches*. This is being pretty tall, however, when it is recollected that some physiologists maintain that the race is growing shorter. Mr. Porter,

the Kentucky giant; the Irish soldier who was here a few months ago; O'Brien, the celebrated giant who travelled through Europe about the year 1810; and one of the monsters raised by a corrupt soldiery to the throne of imperial Rome, were all of them superior in altitude to the extraordinary man who is the subject of these remarks. But they were not, throughout, symmetrically formed. Mons. B., on the other hand, is admirably developed; there is just enough of everything, fitted to the right place, over the whole extent of his mighty framework. We do not know whether their facial expression was mild, dignified, severe or ugly; but in regard to the representative from Belgium, all who have seen him will concur in saying that he has an excellent countenance, as well as a majestic person.

Independently of a brazen helmet, greaves upon the legs, and a brass plate between the shoulders, the hero of Gath wore a coat of mail, to protect his body, that weighed one hundred and eighty-nine pounds. When we called on Mons. B. he wore a frock-coat that contained four yards and a half of broadcloth. The Philistine carried a spear like a weaver's beam, that had an iron knob at one extremity which weighed twenty-two pounds and three quarters. Mr. Lock, in the *Daily Times*, asserts that Mons. B. raised Mr. June, of the Circus, who weighs two hundred and ten pounds, and is six feet and four inches tall, from the floor with one hand, turned him somersets, and then quietly deposited him again on his feet. He assured us himself that he could lift from the ground eight hundred pounds with his hands, and could straighten his back, when stooping, under a weight of two tons!

He was born at Spa, in Belgium, Dec. 10th, 1807. At birth, he has been informed that he weighed *twenty-six pounds*, and measured twenty-five inches in length. He at present weighs three hundred and twenty pounds. At twelve years of age he measured five feet, ten inches; and at fourteen, he was over six feet. Puberty commenced at thirteen. Around the calf of the leg the girth is 22 inches; the thigh, 28; and the chest, 50. By profession he is an architect, but seems not to have been very laboriously devoted to business. With regard to phrenological indications, the head will probably be pronounced, by those who understand the details of the science, to be a well-balanced one. We know nothing of his education further than that he discourses agreeably in French, and tolerably in English, considering that it is only about five months since he arrived in the United States. He is married, but has no children. Temperance in eating and drinking seem to have been habitual. Notwithstanding his immense size, his parents, although tall, stout people, are far from being giants—and by the side of their Herculean son, look like children. Taken, therefore, all in all, Mons. Bihin is one of the greatest natural curiosities of the age, alike the astonishment of the ignorant and the wise.

Giving Credit.—When speaking of Dr. Peirson's very acceptable essay on fractures, which constitutes the bulk of Part IV. Vol. 6, of the medical communications to the Massachusetts Medical Society, now being distributed, we passed over a subject that, to be understood, must be exhibited by itself. Prefixed to seven pages and a half devoted to the life and character of the late Lemuel W. Belden, M.D., of Springfield, is the following prefatory note. "The following notice of Dr. Belden, from a friend well able to appreciate the excellencies of his character, contains a just tribute

to his worth." This is original, but the remainder of the article was copied from this Journal, verbatim, without the shadow of an apology for taking what belongs to us; and worse still, those by whom it was taken had not the courtesy, nor even the common honesty, to give credit to this publication, for which it was written by Dr. S. B. Woodward, of the Lunatic Hospital at Worcester. It cannot redound to the credit of a learned society to have its authorized publications contain re-prints smuggled from periodicals in this manner. Should all the succeeding published emanations of the Society be nothing but re-prints of papers grown old by circulation, we should be the last persons in the world to complain, provided that system of etiquette is adhered to which recognizes obligations. When we borrow half a page from these transactions, credit is given for it: first, with reference to extending a knowledge of the doings of the Society; and secondly, because it is honorable to acknowledge our indebtedness to others for such favors.—This brings to mind some delinquencies in another quarter, not unlike the one of which we complain—though less on the wholesale order.

Dr. Haynes's Supporter.—By reference to an advertisement it will be seen that this instrument, made as cheap as it can be afforded, is to be had at the counting-room of this office. Those gentlemen who have repeatedly sent, may now be accommodated—our object being simply to oblige applicants—it often being easier to communicate with the city, than with Concord, N. H., where they are manufactured.

Growth of the Hair.—M. Mandl is inclined, from some phenomena which he has observed in the growth of hair, to arrive at a different conclusion relative to this process, from that generally received. He states that, in individuals who have had their hair recently cut, each hair preserves its diameter to its free end, which presents a truncated extremity, where the eye may distinguish the section both of the cortical part and that of the internal canal. But if these same hairs are examined after a longer interval, each hair is found to be terminated by a pointed extremity, more or less long, but with its extremity closed. This change of form M. Mandl considers to be the result of a vital process, and as proving the possibility of a movement of fluids in the interior of the hairs. He thinks this opinion still further supported by the fact, that when hair is kept long, instead of the formation of a pointed extremity, obliteration of the extremity of the canal alone takes place, which he supposes to be caused in all probability by the difficulty of the movements of the fluids.—*Comptes Rendus.*

Spontaneous Rupture of the Spleen.—An example of this is recorded by Dr. Næckel, in the *Medicinische Zeitung*, May, 1839. The subject of it was a young man 25 years of age, who had an attack of diarrhœa, which was not relieved by opium or saturnine preparations. After five days' continuance, the abdominal pains became so severe, that he was forced to confine himself to bed. Next day he was seized with a sensation of sinking, cold sweats, &c., and died in a few hours. On inspection of his body forty-eight hours after death, a large quantity of blood was found effused into the cavity of the abdomen and pelvis, which had proceeded from an angular rent of the spleen of about four lines in extent,

situate at the inferior margin of its anterior or external surface. The spleen was about five inches long by four broad; of a livid color, and with its tissue softened.—*Amer. Jour. of Med. Sciences.*

Medical Miscellany.—The singular circumstance of twin brothers being born in different months, lately occurred in England. There was nothing peculiar, however, in the case, in a medical point of view, and it was only remarkable from the merely accidental fact that the clock struck 12, on the night of the 31st of March, between the births of the children—one being born nearly two hours later than the other. They were immediately christened March and April by the nurse; but they were not destined to remain long united in life, as March died in a few days, and April was far from being a healthy child.—Mr. Marsh, a chemist, connected with the Royal Arsenal, Eng., has discovered that iron which has remained a considerable time under water, when reduced to small grains, or an impalpable powder, will become red hot and ignite any object with which it may be brought in contact.—Dr. Graete, who lately died in Hanover, left the enormous fortune of 3,600,000 Prussian dollars, which is equal to 13,000,000 francs, or more than half a million of pounds sterling, and about equal to 2,400,000 dollars. He practised his profession laboriously through life. He commenced the world with the sum of eight or nine thousand pounds. Dupuytren, in Paris, was supposed to be the richest medical man in France at his death. Sir Astley Cooper is thought to be the wealthiest in England. It is thought that the two richest physicians in the United States, reside in Boston.—Prof. Graffe, of Berlin, went some weeks ago to Hanover, to operate on the eyes of Prince George, of Cambridge.—Mr. Frederick Hall has been appointed professor of chemistry in Columbia College, Washington city, in place of Dr. Thos. P. Jones, who resigned. Why did not the trustees elect Dr. Paige, who is residing near by, in Virginia. He would have given an immediate character to the chair.—A physician never resided yet at the Isle of Shoals, where the population is from three to six hundred. Rum has made sad work there, and not a few have been drowned.

TO CORRESPONDENTS.—Dr. Hamilton's essay on the bronchitis of public speakers is received, and we shall endeavor to publish it next week.—The communications of Dr. Kelsey, and of "A. B." are also received, and will be early attended to.

Number of deaths in Boston for the week ending Aug. 15, 51.—Males, 24—females, 27.

Of consumption, 3—croup, 1—colic, 1—sudden, 1—hooping cough, 2—teething, 5—cholera infantum, 5—child-bed, 1—lung fever, 1—bowel complaint, 2—erysipelas, 1—suicide, 1—mortification, 2—dysentery, 6—cancer, 2—brain fever, 1—infantile, 1—canker in the bowels, 1—scarlet fever, 1—typhous fever, 3—casualty, 1—debility, 1—worms, 1—cholera morbus, 1.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.

RUFUS WYMAN, M.D.

GEORGE C. SHATTUCK, M.D.

JACOB BIGELOW, M.D.

WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.

JOHN RANDALL, M.D.

ENOCH HALE, M.D.

JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 5th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Gerhard, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verité est dans les choses, et non dans mon esprit que les juge." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the pathology and treatment of medullary sarcoma," with the motto, "On observe la nature; on ne la devine pas."

The following prize questions for 1841, are already before the public, viz.: 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?" 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease."

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:-

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840.

A 12.—41

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HAYWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

Boston, July 6, 1840.

Jy 15.—41

WALTER CHANNING, Dean.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVES, M.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840.

Jy 29.—61

CHARLES HOOKER, Sec'y.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, AUGUST 26, 1840.

No. 3.

MORBUS LARYNGEUS CONCIONATORUM, OR LARYNGEAL AFFECTION OF PUBLIC SPEAKERS.

(*Synonyms* :—" MINISTER'S AIL," " MINISTER'S SORE THROAT," " CHRONIC LARYNGITIS," " BRONCHITIS.")

[Communicated for the Boston Medical and Surgical Journal.]

THE fearful rapidity with which this disease has spread during the last few years, and its unusual severity and malignancy, have become matters of common observation, and given to the subject a deep and painful interest. Many of our most valuable public speakers and teachers have become permanently disabled—others have sunk to premature graves, and many more are beginning to falter under its insidious approaches. Whether the disease has extended in its aggravated form beyond the limits of the United States, to the northern sections of which it has been hitherto mostly confined, we are not prepared to say, having received no foreign accounts upon which such a conjecture might be based; and it is perhaps fair to presume that with the laryngeal affection of public speakers, *as it exists among us*, they have yet but little acquaintance. Neither can we positively affirm that the disease has long existed in any portion of the world; since in no work with which we are familiar can we recognize the peculiar features of the affection under consideration. As, however, the same causes which operate now in its development, must in all ages have been more or less associated, we are compelled to admit the probability of its existence from the earliest times; but doubtless in such a mitigated form, and such diminished frequency, as scarcely to have claimed attention. Certain it is, that the "malady" known generally as "chronic laryngitis," faintly described by Galen, Aetius and Morgagni; and more accurately by the later writers, M. Cayol, Lagnelet, Double, Louis, Andral, Bouillaud, Tousseau, Bellog, Good and Morton, with others, though possessing many points of general resemblance, is not the disease we contemplate.

From "chronic trachitis" and "bronchitis" it is also sufficiently distinct, in its causes, seat and signs, yet with both is it almost constantly made synonymous; the profession, as well as the community, making no distinction between its occasional terminations and its original character. "Chronic trachitis" as a sequela of croup, colds, &c., and "chronic bronchitis" as a result of various exposures, a tubercular diathesis, &c., continue to present themselves in all countries, and especially in our

northern and inconstant climate; but that they are more frequent now than formerly, we have yet to learn.

Confident, therefore, that no treatise has given a clear and correct monograph of this disease, in which the writer has felt a more special interest from having himself recently suffered under an obstinate attack, we shall endeavor, as far as possible, to mark its features, and explain its causes, with its remedial and prophylactic treatment.

Symptoms.—That it is not as prevalent in the southern States, as with us at the north, we know from personal observation and the concurrent testimony of all who have made it their business to be informed. But upon this point there can be no better authority than the “Southern Medical and Surgical Journal,” which says, “The minister’s ail, as it is called, is of very limited extent in the South.” Ministers, lawyers, legislators, teachers, and in short all who more or less constantly exercise the vocal organs, are the principal if not the *only* subjects; hence it rarely occurs in females or the young, occasionally in the aged, but more commonly in the middle aged or adult life. Its approach is generally gradual, the first indications being only a slight raucity with a frequent inclination to clear the larynx; or perhaps an increased volume and timber of voice, which instead of embarrassing, enables the speaker to enunciate with more ease and distinctness. When the disease is more advanced, the patient, after speaking but a short time, experiences in and about the larynx a certain indescribable languor, such as we feel in a muscle wearied with exercise, rendering it exceedingly fatiguing and difficult to articulate. We have seen a patient nearly faint from a single attempt to speak in an under tone, after he had remained mute several days. This muscular languor is often accompanied with a dull sensation of aching in the same region, which induces him instinctively and frequently to put his hand to his neck to loosen his collar or cravat. A slight soreness, with a perceptible tumefaction, sooner or later are discovered externally, especially if we press upon the cornua of the os hyoides or alæ of the thyroid cartilage.

This state of things may continue several months or years, being liable to occasional exacerbations, in which the secretion of the tough, tenacious mucus is increased, and the voice becomes more hoarse and stridulous, or falls to a whisper, which either soon disappears or remains permanent; this latter symptom generally occurring the day after some unusual exercise of the larynx, or exposure to a very cold and chilling air. Changes of weather have a manifest effect, yet the hoarseness and hawking do not wholly disappear even during the warmest season; and in many cases it is but slightly, if at all, ameliorated. The symptoms are regularly aggravated morning and evening; and the sense of fatigue on attempting to speak is always greatest when the stomach is empty, and is relieved by a full meal or a glass of wine, or other stimulus. In no instance have we observed a cough in the incipient stage of this disease, and only occasionally in the subsequent course; and in these few cases it has been exceedingly trivial, and seemed rather a consequence of the incessant raking of the larynx, than an essential symptom of the affection. Deglutition is not at all affected, except as

the motion may increase the painful sensation. Examination of the fauces often discloses an elongated uvula, with a loose, injected state of the pharyngeal vessels and streaks of mucus; the tongue is also slightly coated. The functions of the stomach are in most of these cases more or less impaired; and the whole body suffers under a slight marasmus, accompanied with a general mauvaise and great mental depression.

Prognosis.—So far as we have been able to ascertain, and to this view we have taken unusual pains, a genuine idiopathic case, uncomplicated with other serious maladies, has seldom terminated fatally. In a few instances this result has followed suddenly; the disease assuming a more acute form, and rapidly extending into the bronchial passages: or continuing of a more passive character, the patient dies after many months or years of bronchial, or more rarely tubercular, phthisis. *Cæteris paribus*, the more sudden and violent the initiatory symptoms, the shorter its duration; while those cases which are preceded by long-continued catarrh, either of the mucous linings of the nasal, pharyngeal or tracheal passages, are more protracted and difficult to manage, and the prognosis becomes more alarming.

Etiology.—To this branch of our subject it is, that the attention of physicians and philanthropists has been chiefly directed, rightly judging that unless its causes were fully comprehended, all attempts at a rational exposition of its treatment, curation and prevention, must be mere speculation and conjecture. No little talent and ingenuity have been manifested by the several writers who have offered to explain the greater frequency of this disease now than formerly; and it is curious to observe the many discordant views which they hold, and with equal tenacity maintain. While, therefore, we acknowledge that with many of their opinions we cordially agree, we as freely confess that from others we wholly dissent, and shall claim it our privilege freely to canvass and censure their doctrines.

The *predisposing* causes are, first, *general debility*; whether the result of disease, diet, fatigue, or constitutional laxity of fibre. That it may not arise in a system otherwise circumstanced, where other causes have operated, we do not assume to say; but that this cause is most liable to produce it, we are prepared to show.

Clergymen are, of all classes of men, most studious, and their duties of all others most constantly exciting and mentally laborious; producing, where the spiritual devotion is intense, an incessant mental action of the most exalted tone, and which few constitutions are able long to endure. They seldom permit their minds to become relaxed by changing the current of their reflections, which is ever found so beneficial and necessary to the restoration and support of the physical powers: whether in the pulpit, the closet, or the social assemblage, their thoughts still dwell upon the one, most exciting topic, the religion which they teach. We are not here discussing, let it be understood, the question of moral duty, or policy, and must be allowed to state facts as they exist. How much this spiritual enthusiasm has increased within a few years, especially in the northern States, and among certain denominations, my readers shall themselves decide.

Again they, as a class, take very little active, healthful, out-door exercise, but are either confined in their over-heated studies, or engaged in preaching or exhorting in crowded, warm, and often ill-ventilated rooms, breathing thus constantly an atmosphere the most contaminating and enfeebling. Very few, at the present day, spend much, if any, portion of their hours at the hoe or the plough handle, in tilling the soil or garnering in the ripened harvest. Such was not the wont of our hardy forefathers, whose slender stipends, from poor and feeble congregations, obliged them to occupy the intervals between the sabbaths, and their other parochial duties, in the most laborious rustic employments. The diminished proportion of clergymen and their enlarged salaries; the greater numerical size of the churches, and the increased number of religious societies which assemble weekly or monthly, now demand of the ministers their constant time and attention; and however much disposed, they find it impossible to allow themselves that leisure for exercise and relaxation, which a just regard to their health would require. Clergymen also have of late been first to adopt, and from honest scruples been foremost to sustain, the ultra dietetic system of Graham and Mussey; a system which, we are prompt to say, whatever harm we may thereby incur, is false in principle, untenable in practice, and fraught with the most pernicious consequences; which, if it should gain general acceptance, might indeed render us "light and supple" as disembodied spirits unlogged with gross mortality; and mankind would degenerate hastily into a state of corporeal and mental imbecility bordering upon cretinism. To enter into the proper argument to sustain our position thus publicly assumed, would be a digression from the proposed objects of this article, and not consistent with our present intentions.

Yet peculiarly prone as ministers are to dietetic ultraism, if they retain a long cherished and favorite habit, like other students, they indulge it to excess. Such is notably the case with that most filthy, vicious and destructive of all practices, smoking and chewing; the direct and uniform tendency of which is, to derange the stomach, deprave the secretions, exhaust the system and enervate the mind: and he who contends otherwise, insults sound reason and common sense—an assertion in which we shall be sustained by the united observation of the reflecting and sober, and which no isolated cases of devoted, yet unscathed followers of the stupid god, can disprove.

These are some of the circumstances which have rendered the clerical profession more subject to disease than other professions; most of which are operating now with greater force than formerly, and among our clergy more than others, and all of which have a tendency to the production of that condition of disease and muscular debility which is acknowledged to be so prevalent among them and to *predispose* to the affection under consideration. How this debility works such results, shall now be explained. The muscles of the larynx are weakened and relaxed in the same direct ratio as other parts of the system, and being required to perform the same or even more labor than when in full vigor, they soon tire and fail under the disproportionate requisition. Hence that symptom, so peculiarly diagnostic of the "laryngeal affection of public

speakers," a weariness in these parts, resembling precisely the feeling of fatigue and restlessness which is experienced in a muscle of the leg or arm when it has been over-exerted, and which is always dissipated by rest or stimulus.

The principal *local* predisposing cause is the cravat or neck-handkerchief. Most of our clergymen wear high stocks, or cloth neck-handkerchiefs tied tight and thickly folded. The former being hard and unyielding, irritates and embarrasses the larynx in its necessary motions while speaking, and being open above often admits a chilling current of air when the neck is perspiring; the latter swathes the neck, and keeps it constantly, during warm weather, heated and moist as if immersed in a vapor bath, and in consequence the muscular fibre of the larynx and trachea becomes lax and enfeebled. We declaim incessantly, in public and in private, against the tyranny of fashion over the female sex, and denounce the corset, employed to diminish their waists, as an instrument of torture and death. Meanwhile our own necks are bundled with a quadruple amount of sour linen, solely to conciliate fashion and to fill out a deficiency in the contour of our figure, which we fancy disproportionate and unseemly. A cravat we do not consider an essential part of the male attire, but a supplemental appendage which is better dispensed with than worn. Until 1660, when they were first introduced into France by a regiment of Croats, the neck was left uncovered by all nations, and "it is still discarded by people of different climates—the Orientals, Poles, Kalmucks, and various Tartar tribes." But in America, even unfledged boys, soon as they strut upon the stage of life, are seen tightly collared and cravated; and by the constant pressure upon the *pomum Adami* its full development is prevented, and the voice, instead of acquiring that manly strength and volume which is produced in a capacious larynx, ever retains a weakness and effeminacy which Nature designed to characterize only the feebler sex. Cravats, also, of whatever material and however applied, impede the free return of blood through the external jugulars, the least obstruction of which is sufficient to produce a sensible cerebral congestion: hence arise vertigo, tinnitus aurium, mental confusion and mental imbecility. Witness the confirmed fop, whose neck, daily ligated as with a hangman's noose, is stretched wide from his shoulders, his eyes projecting from their sockets, his brain soaked and saturated like a wet sponge, and quite as senseless, and constantly harassed with pain, vertigo, stupor, &c. We have long believed that most of our public speakers who have fallen suddenly in the halls of Congress or elsewhere, while declaiming vehemently, have died martyrs to the same practice; the pressure upon the turgid vessels producing a fatal apoplexy. Even a closely buttoned collar or *chemise* may produce the same compression. We shall be pardoned for this digression, since, by the importance of the subject, it seemed to be demanded.

Chronic catarrh should also be enumerated as a *local* predisposing cause, particularly of that part of the disease which is seated in the mucous membrane.

The *exciting* causes are, first, vicissitudes of weather: sudden

changes from warm to cold, especially to cold and damp—passing from close and heated rooms into the cold air—cold currents—“sitting down, while yet heated, against cold walls”—suddenly loosening and throwing off the stock or cravat—in short, all those various causes which ordinarily produce colds and coughs. Second, in a few cases, the sudden abstinence from an accustomed stimulus, even *tobacco* and wine; a fact too well authenticated to admit of question, and which is not at all inconsistent with the previous assertion that the habitual use of tobacco is a *predisposing* cause of the same malady. Third, long continued, frequently repeated, and loud speaking. It cannot be denied that our ministers, of nearly all denominations, preach more now than formerly. Until the last quarter of a century, the man who addressed a public audience seven times a week, was noted and distinguished as possessed of uncommon zeal and powers. Now a man will speak three hours a day during half the year, and he who talks but one is an idler, and comes not up to the level of the common herd. In exact ratio, also, to the increase of their sermons, has been the increase of their oratorical vehemence; and we have often considered it a physiological wonder, that in the heat and violence of their declamation, when their voices are strained for half an hour to the utmost tension, the vocal cords are not ruptured, or a bloodvessel does not suddenly give way.

To these may be added, as almost peculiar to clerical oratory, the practice of speaking in monotones. So common is this habit, both in and out of the pulpit, that we seldom fail to recognize the clergymen of certain schools by the “ministerial tone;” which tone has the same unchanging, solemn monotony, however varied the subject of conversation or discourse. From whatever cause the practice is assumed, it has always seemed to us in exceeding bad taste; but aside from this, to speak without cadence, is vastly more fatiguing to the vocal organs, since it keeps in exercise but one set of fibres—precisely as it is found more fatiguing to man or animal to travel far upon a level plain, than the same distance upon a road occasionally broken by hill and vale.

Lawyers, also, and legislators, talk more now than formerly, and instructions are given more by public lectures than at any previous period of the world. All seem to have been seized, lately, with a *cacoëthes loquendi*. A barrister can hardly do justice to his client without an argument of four hours; and a legislator cannot relieve his mind, or satisfy the just expectations of his constituents, with a speech of less than six or eight hours. The whole people are becoming teachers or preachers. We have lectures upon phrenology, animal magnetism, Grahamism, Thomsonism, temperance, abolition, colonization, storms and weather, tight lacing, boxing, fencing, &c. &c.—on all the doctrines of religion and morality, and all the claims of humanity—lectures upon law, medicine and the arts, at our colleges and associations—with speeches innumerable and interminable at political caucuses and conventions; the whole uttered with such a vast expenditure of wind, as, if gathered by old Boreus into his hollow caverns, and given sudden vent, would hurl this world like a comet through the universe. We are not surprised, therefore, at the rapid increase of laryngeal affections; our

only wonder is, that these delicate organs, or anything else but chiselled iron, could endure so long.

Pathology.—Having never made, or seen reported, any autopsic inspections upon which the pathology of this disease might be based, we are compelled to rest upon its ordinary signs; which, fortunately, are sufficiently marked and unique to clearly determine its exact locality and the morbid condition of the parts. Its pathology is, then, briefly, *an unusual relaxation of the muscles of the larynx, accompanied with a passive inflammation of the lining membrane; which inflammation extends often into all the adjacent textures—cellular, muscular, &c.*

Diagnosis.—The diseases with which it is liable to be confounded, are, first, “chronic laryngitis;” from which it may be distinguished by the following unequivocal signs. Chronic laryngitis occurs in all classes of people—is generally distinctly traceable to a violent cold, or the inhalation of irritating particles, such as mill-stone dust, &c., or to a tubercular taint—is accompanied with a hacking cough—with no considerable tenderness or external swelling—and generally passes into ulceration before death, in which it is exceedingly liable to terminate. Morbus laryngeus concionatorum attacks only public speakers, or those who use too much the vocal organs—has no special connection with a tubercular diathesis—is not attended with a cough—tumefaction and soreness are early perceptible—is accompanied with a peculiar sense of fatigue in the laryngeal muscles—seldom ulcerates—is exceedingly chronic, and rarely terminates fatally. From “chronic trachitis” and “chronic bronchitis,” by its locality alone it is sufficiently distinguished. The causes, signs and terminations are also widely different.

From “paralytic aphonia,” the consequence of pressure upon some portion of the cerebro-spinal axis, or the special nerves of these organs—or of the immoderate use of narcotics, such as tobacco, opium, &c., it is at all times readily distinguished. And from impairment of voice supervening upon ossification of the cartilages, it may be known by the peculiar hollow, husky sound which attends this latter, and by the negative signs of absence of all the other marks. The aphonia, however, which comes on merely as a result of old age and muscular infirmity, is nearly or identically the same with the laryngeal affection of public speakers, in a milder form; but little use of the organs in their enfeebled condition being requisite to produce the disease. The muscular debility is, however, here the principal pathologic circumstance; hence the voice is broken and tremulous, or dissonant and untrue to itself.

Treatment.—Having already extended this article beyond the reasonable limits of a “Journal” essay, we shall be obliged to occupy less time in the discussion of the treatment than we originally intended; and shall also leave the many cases which we have accumulated, confirmative of our several positions, for another occasion. In the meanwhile we should deem it a favor to ourselves and the cause of humanity, to receive communications from those who have themselves suffered from the disease, with a particular history of its apparent causes, symptoms, progress, &c.

Prophylactic Treatment.—First, all means calculated to restore

health and vigor to the general system ; such as a wholesome, generous diet—regular and free out-door exercise—cold bathing—frictions, &c. Second, exposure of the neck to the air and sun, until it becomes *tanned* and *toughened*, and feels as little the vicissitudes of weather as the brawny skin of a naked Hottentot. This cannot be accomplished suddenly, nor at all seasons with equal safety. The spring and summer months should be chosen, to begin the unfolding process, and it should then be persisted in until not a vestige of the vile garment remains. Third, less abuse of the vocal organs. How much the usual tone of public oratory may be depressed, and the auditors equally edified, or how much speeches may be abridged without sensible abatement of the real amount of sense, are questions which we shall not attempt to decide. If men will transcend all the bounds of reason, and ply their lungs like Vulcan's bellows, with them rests the consequence—to their throats and their consciences let them be accountable. Of the efficacy of any particular kinds of drink, which some have recommended while speaking, such as "lemon water," "vinegar and water," "sweetened water," "cold water," &c., we know nothing; nor indeed are we inclined to regard them as of any account, either as causes or prophylactics.

Remedial Treatment.—As an external remedy we know of nothing so generally and decidedly useful as the cold water dash upon the neck and breast; to receive full benefit from which, it should be practised regularly morning and night, for a long time, the skin being always thoroughly wiped and dried after the *douche*. It strengthens the enfeebled muscles, and secures the patient from liability to colds. Counter-irritants have sometimes proved eminently serviceable, especially frictions with croton oil; a drop of which, diluted, is to be applied twice a day until it raises a crop of fine pustules—which are to be encouraged by an occasional renewal of the application. The alcoholic tincture of cayenne pepper has been found equally efficacious, producing, after a few applications, a slight glow and efflorescence. The pustules produced by tartarized antimony are too deep and painful, and seldom do good, often rather increasing the sense of fatigue and restlessness. The same is true of setons, issues, caustics, &c. Blisters rarely afford relief. Poultices, fomentations, &c., by increasing the relaxation and favoring the determination of blood to the parts, never fail to aggravate the symptoms. The fauces and pharynx should be washed daily with a strong solution of nitras argenti, and if the tonsil continues prolapsed, it should be truncated.

As an *internal* remedy, we prefer the stimulating expectorants. To this class belong the tincture of blood root, alone or in union with other expectorants and demulcents; tar water, in free draughts several times a day, in the proportion of a teaspoonful of tar to a tumbler of water. Nitric acid has also done much, in cases preceded by catarrh, and accompanied with great relaxation, in restoring the vigor of the system and diminishing the excessive mucous secretion. It is to be exhibited largely diluted with water, in doses of from half a drachm to one drachm a day. The Rev. J. Covert's mixture, also, now used so extensively for this affection, by clergymen, belongs to the same class of stimulating

expectorants, being one of those lucky combinations of medicinal agents which, while it promotes expectoration, does not impair the tone of the stomach. Of this medicine we feel at liberty to speak, since its composition is not held from the *profession*, and we hope the proprietors will soon see fit to give it to the public. We therefore venture to recommend it, having employed it in our own case, and in the cases of many others, with decided benefit. Emetics and cathartics, where the disease has assumed a more acute form, and the inflammation of the mucous membrane is the predominant feature, are admissible, but cannot be relied upon to effect a perfect cure. The *diet*, also, in this form, should be light and farinaceous, but in the chronic and most prevalent form or stage, a more generous animal diet is required; the regimen being chiefly such as is calculated to give vigor to the stomach and general system. Tobacco and narcotics, in any form, are therefore pernicious, and cannot with propriety be recommended, even though they may afford temporary relief by changing the secretion and allaying the pain and fatigue. The stimulants, also, such as brandy, cider, wine, &c., are generally better dispensed with than used, since they are heating and inflammatory, and impart only a temporary, diffusable strength, wholly unlike the healthy tone derived from a warm, nutritious, wholesome diet.

F. H. HAMILTON.

Rochester, N. Y., Aug. 10th, 1840.

RESPIRATORY APPARATUS—MR. BRONSON, &c.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal of July 29th, is an article respecting Prof. Bronson and the system of elocution taught by him. The writer seems determined to convince others, whether he convinces himself or not, that Prof. B. is a "quack." There are some things in this communication that are *very* worthy of attention. The writer endeavors to show that Prof. B. has made no discovery respecting the anatomy and physiology of the parts concerned in respiration. He says, "What does he (Prof. B.) mean when he says in his chart, 'use the abdominal, intercostal muscles and the diaphragm for expelling air, and not the lungs'?" and the writer goes on to say, "did any one ever dream of employing other agents in expiration?" Now I, for one, wish this sage writer to answer himself. This he does presently in a manner very satisfactory to me. He says, "Why is it that so many have borne testimony to the beneficial effects of his teachings, &c., when practised, in strengthening and improving the voice? We will allow that it is thus; and answer, 1st, there are many, indeed the great majority, who are entirely unconscious by what muscles they breathe or speak." Mark, he has just said, "did any one ever dream of employing other agents in expiration," than the abdominal, intercostal muscles and diaphragm? Now as he says that many, and indeed the great majority, are *entirely unconscious by what muscles they breathe or speak*, I do not see why they may not think they use some other muscles besides the right ones. If a man had no

knowledge in what State the city of Boston was situated, would he not be as likely to think it was in N. H. as Mass.?

"E." intimates that unfavorable opinions have been *universally* entertained respecting Prof. Bronson's teachings, yet for some reason they have not been made public. At the bottom of the same page he says he will "allow that *many* have borne testimony to the beneficial effects of his teachings." Verily this communication resembles a rope of sand as much as anything I have seen for a long time. A little farther on he says, "There are some who do not make constant use, in speaking or breathing, of all the respiratory muscles; those who have fallen into habitual false positions, as bending forward the body, &c. To such, the advice which has been given for very many years by our physicians is (and certainly Prof. B. can do no more), shake off the evil habit, use *all* the muscles of respiration, and fully inflate the lungs." Now, though many physicians may have given this advice to their patients, *all* have not. But if physicians *always* have given this advice, is it any reason why Prof. B. should cease to give it? Must he beware of making the crooked straight, because he is not a physician? This writer says that "many, indeed the great majority, are entirely unconscious by what muscles they breathe or speak." But if any one of this "great majority" was to *discover* by what muscles he breathes or speaks, would he not make a *discovery*? If Prof. B. was one of this "many" who do not know by what muscles they speak, and *discovered*, did he not make a *discovery*? And may he not *teach* what he has discovered, to the "great majority," even though physicians do the same? "We found one casting out devils, and we forbade him because he walked not with us." Is this liberal? Is this worthy of the profession? Are "the public the *victims* of his new mode," when he teaches, according to this writer, the same principles "taught by the physiologist generations ago"—and gives the same "advice which has been given by physicians for very many years"? Certainly if Prof. B. and "the great majority" have been ignorant of these principles, they are now *new* to them. Hence the quotation from Lessing is misplaced. That they are *new* to "the great majority," I have proved out of "E.'s" own mouth. They *must* be *good*, because physiologists have taught them, and physicians also.

The sneer at Prof. B. for being a Swedenborgian, or New Churchman, is unworthy of notice. What had Sir Isaac Newton's religious sentiments to do with his theory of light and colors? Prof. B. might be a Mahommedan, and it would have nothing to do with the muscles employed in speaking or respiration. This writer says, the universal opinion is that Prof. Bronson "swims on bladders far beyond his depth." This is mere assertion. It needs proof. As Dr. Johnson says, "we doubt it most essentially"—so essentially, indeed, that *we know better*, as far as Boston people are concerned.

The writer goes on to criticize Prof. B.'s style of lecturing in a manner which shows his entire ignorance of true oratory. If the writer has given the "common opinion" of Prof. B. in New Haven, we can assure him it is not the common opinion in Boston, New York or Salem.

We know what we say, and we must consider the communication of "E." for the Journal as an ebullition of spite, or spleen, or both. We know numbers who have been greatly benefited, and some who have evidently been saved from a premature grave, by attention to the principles taught by Prof. B., and to a practice in accordance with them. As to his assurance and self-esteem, we think he is as free from an excess of these as any man we ever met. Even-handed justice is all we ask. We feel that we have the same right to our opinions, and the free expression of them, that "E." has. Knowledge that will benefit mankind should not be shut up with any profession, and those of the medical profession *who have any knowledge to spare*, are ever ready to impart it.

A. B.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 26, 1840.

THE LIBRARY OF PRACTICAL MEDICINE.

ACKNOWLEDGEMENT was made, some weeks since, of the reception of the first volume of this work, edited by Alexander Tweedie, M.D., and republished by Messrs. Lea and Blanchard, Philadelphia; but a multitude of prior claims has prevented a further notice of it till the present time.

It does not always follow that a new book opens new avenues to knowledge. In medicine, more than almost any other science, fancies and theories have had more influence than they are entitled to—and there will never, in all human probability, be a period when it will be otherwise. Still, this fact should never deter any one from contributing his mite, the results of observation and experience, since it is only in this way that the practice of physic can possibly be improved.

Within the compass of 561 octavo pages, which this volume contains, there are 15 learned dissertations, written by men who hold an elevated rank in the commonwealth of medicine. The first is entitled *Rudiments of General Pathology*, which embraces general observations on the nature of disease; the principles of association of morbid phenomena; symptoms and signs, &c. &c., by Dr. Symonds. The next is a ponderous article on that endless subject, *Inflammation*, about which there is a diversity of opinions and an ocean of theories. Dr. Alison, the author of this paper, commences with a general view of the phenomena of inflammation; the present state of our knowledge of its essential nature, causes, outline of treatment, &c. Next, in order, is an elaborate essay on the *General Doctrines of Fevers*, by Dr. Christison, which embraces all that others have thought, said or written upon this class of diseases, to which is superadded the author's own views. Dr. Shapter follows, at the 253d page, with the *Plague*—its symptoms, varieties, sequelæ, prophylactic measures, and, lastly, the treatment. The subjects of *Intermittent and Remittent*, together with *Yellow Fever*, are also discoursed upon as long as it could be profitable to treat of either, by the same gentleman. Dr. Locock has taken up *Infantile Gastric Remittent Fever*—one of the best of the series; and *Hectic Fever*, also handled in a most satisfactory manner, is by Dr.

Christison. *Smallpox*, by Dr. Gregory; *Measles and Scarlatina*, by Dr. Barrows; *Puerperal Fevers*, by Dr. Locock; and *Diseases of the Skin*, from the pen of Dr. Schedel, close the volume.

Thus it will be perceived that Dr. Tweedie has brought together, in this volume, over a dozen excellent dissertations, and added a title page to cover the whole—passing off very comfortably, and very justly, too, as editor of a collection of admirable medical productions, with which no one can find fault, unless it is with the prolixity of some of them. On the whole, we regard it as a convenient plan of binding up a number of pamphlets, to make a respectable-sized tome—and that constitutes, thus far, all the merit of Dr. Tweedie in the publication of this work. The work is to be continued; future volumes will treat of the different departments of medicine, and each volume will be sold separately. We should be rejoiced to know that it sells well—for this volume, if read as it deserves to be, will both refine and enlighten all who love the details of our profession.

Homœopathic Examiner.—In the fourth No. of this periodical, dated in June, which should have been here 30 days sooner, at least, the editor expresses a most cordial fellowship for the *Western Journal of Medicine*, over and above another, which happens to be an old acquaintance. All this is very proper—and we heartily agree with him in the opinion that the former is a meritorious periodical. But we also suspect that he fancies our *Journal* less inclined to favor the doctrines of Hahnemann, than would be desirable by the new school of practitioners. It so happens, that instead of becoming a champion of a party, we like to hear all sides, and therefore admit all reasonable, rational things into our pages, commenting here and there, according to the circumstances of the case and our own individual conceptions of what is right and just. If a millionth part of a grain of silex is a better medicine for removing disease than 20 grains of jalap, why the fact needs only to be firmly established, to enlist our hearty coöperation in apprising the profession of the discovery.

Excessive Thirst.—A passenger on board the steamer *General Lincoln*, last week, by the name of James Webb, who resides at Fairhaven, spoke very freely upon the subject of his excessive thirst—which has in no way diminished since his earliest recollection. He mentioned, incidentally, that he was 46 years of age, and from childhood to the present day he has swallowed at the average rate of six gallons of water every 24 hours! Capt. Beals, the commander of the boat, besides several other persons on board who had formerly known him as a resident of Hingham, very distinctly recollected the talk that his enormous consumption of cold water used to make in the neighborhood; and they all, moreover, agreed in saying that Mr. Webb was a man of strict veracity. This anti-hydrophobist is a short, rather muscular man, with a yellowish skin, has uniformly enjoyed excellent health, and believes that he always shall, so long as he can obtain water. A physician, now retired from practice, who was also a passenger, remembered how marvellous this case was considered, in his early professional life. On being questioned particularly with regard to some physiological points, the subject of these remarks said that he rarely perspired, but it seemed to him that all the water he drank passed off rapidly by the bladder. He invariably has

several gallons of water by the side of his bed to quench this raging thirst through the night—and if, by any means, the usual supply were withheld, it would be impossible for him to sleep. By abstaining from copious draughts beyond the accustomed period, the tongue becomes dry and shrivelled, the mouth parched, and words cannot be articulated. There is also a sensation of extreme heat in the stomach and head.—Will some of our learned correspondents explain to us the probable necessity for such an immense volume of water in this man's stomach?

Practice of Medicine in Louisiana.—On the 16th of March, 1816, an act of the Legislature was passed regulating the practice of medicine and surgery, and prescribing the qualifications of apothecaries, which was considered sufficiently guarded to keep irregular, irresponsible persons from administering medicine. It was provided that apothecaries should be examined in the presence of two aldermen and the mayor, in the county of New Orleans. A subsequent act was passed on the 27th of March, 1840, relative to the medical board of the eastern district of the State. It requires that six physicians and two apothecaries shall constitute this board—and every individual intending to practise the profession of a physician, apothecary or midwife, shall deposit with them a diploma, obtained from a board of physicians or a legally constituted medical college—"or in lieu thereof, satisfactory evidence that he has been possessed of such a diploma, of which he has been deprived by some unavoidable cause." The 5th section of this law expressly declares that no person shall practise either of the above branches, without a special license—under a penalty of \$100 for the first offence, and not less than \$200 or more than \$500 for the second, recoverable by the medical board—and the fine shall be paid to the Treasurer of the City Hospital of New Orleans. Gentlemen from other States, intending to establish themselves in practice in New Orleans, will now understand under what circumstances they are permitted to exercise their calling. At present, the following distinguished practitioners constitute the medical board of that city, viz.:—Isidore Labatut, M.D., John Rice, M.D., Edward H. Barton, M.D., James Jones, M.D., Edward Fortier, M.D., and Pre. Adre. Lambert, M.D.

Medical Institution of Yale College.—Many interesting donations are acknowledged in the circular, just issued, from friends of the institution. Amongst other articles, about 150 casts, busts, and models of the brain, used by Mr. Combe to illustrate his phrenological lectures while in this country. The board of faculty remain precisely as last season—and long may they live to diffuse the light of medical science. The lecture term will commence, as stated in the advertisement, on Thursday, October 1st. It is quite needless to particularize the advantages to be derived from the regular attendance of a course of lectures at Yale College. The multitude of eminent practitioners who were educated there, professionally, and are now settled over the land, is the most satisfactory of all recommendations as to the character of the medical school of Connecticut.

Analysis of the Buxton Springs.—According to Mr. Garden, the solid contents of the Buxton water are as follows, in the imperial gallon:—Muriate of magnesia, .58 grs.; do. soda, 2.40 grs.; sulphate of lime, .60

carbonate of lime, 10.40; extractive matter and a minute quantity of vegetable fibres, .50; loss, .52. Total, 15.00. And its gaseous contents: Carbonic acid, 1.50 cubic inch; azote, 4.64. Total, 6.14.—*Lancet*.

Descendants of Dr. Jenner.—The following petition was presented to the House of Commons on Monday last, and ordered to lie on the table, and to be printed.—*Lancet*.

The humble petition of Henry Jenner, Doctor of Medicine, and the Rev. George Charles Jenner, Clerk, sheweth,

That your petitioners are nephews of the late Doctor Edward Jenner.—That they are of the respective ages of 73 and 71 years.—That they both very materially assisted Dr. Jenner in the investigation and the practice of vaccination.—That they expended nearly the whole of their property in promoting the object of Dr. Jenner's discovery.—That Dr. Jenner would have been a much richer man if he had kept vaccination secret, and not divulged the practice of it for the benefit of mankind.—That Dr. Jenner, by his will, left Dr. Henry Jenner only an annuity of 26 guineas, and the Rev. George Charles Jenner a legacy of 20 pounds.—That, under these circumstances, your petitioners humbly submit to the consideration of your honorable House their case, trusting that their services, and for the sake of the memory of a man who conferred the greatest benefit upon the human race that, under Divine Providence, was ever conferred upon it, will not be passed over. And your petitioners will ever pray.

HENRY JENNER,
GEORGE CHARLES JENNER.

Jalapine.—Dr. Barnes, of Sydenham College, in his lectures on materia medica, makes the following observations relative to this substance:

“Jalapine, or the gum-resin of jalap, varies according to the quality of the drug; but, taking an average of the whole, it is in the proportion of about 15 per cent.; or, as a dose, one grain and a half of the jalapine to ten grains of the jalap. Like all resins, it is soluble in alcohol, æther, pure alkalies, strong acetic acid, &c.”

Medical Miscellany.—In the remarks upon the strength of the Belgian giant, last week, instead of *two tons*, it should have been *two thousand pounds* which he is able to raise on his shoulders.—Sixteen candidates for the degree of M.D. were examined at the Medical College, in this city, on Monday, Aug. 17—and all passed most satisfactorily. The degrees will be conferred this day at Cambridge University.—Mrs. Mason, who is engaged for the Queen of England in the capacity of nurse, is to have an allowance of £300 sterling for the first month after the birth of the expected prince or princess, and £1 per day after the expiration of that period, besides two assistants!—Deaths in New York, week before last, 182—of which 107 were children under two years of age.—Dysentery is quite prevalent at this time in Boston and the vicinity.—Dr. Charles F. de Martins has been sent to England and France to exchange duplicate books, by the king of Bavaria.—At the last sitting of the Dumfries Synod, Scotland, it was stated that in the last five years, between 200 and 300 illegitimate children had been born within the limits of the Synod.—Mr. Espy, the storm lecturer, gains no laurels at Liverpool.—Smallpox was raging frightfully

at the last advices from Panama. Those from Europe and the U. States, who had been vaccinated, were in fine health and in no way affected.—The City Council of New Orleans, in a spirit of praiseworthy liberality, creditable to them, have conferred power on the Board of Health to pay out of the public treasury, any money which may be requisite for any exigency, in case of the re-appearance, the present season, of the old scourge of New Orleans—yellow fever.—A hospital has been finally located at Cleaveland, Ohio, to meet the wants of the multitude of sick boatmen on the river.—Charles Locock, Esq., has received the appointment of first physician accoucheur to the Queen of England; Robert Ferguson, Esq., second physician; and Richard Blagden, Esq., surgeon accoucheur. Neither of these gentlemen are known as being particularly eminent in the profession.—Sir Henry Halford has stooped, of late, to prescribe for noblemen.—Mr. Amesbury, surgeon, of London, is the author of a new work on the causes, nature and treatment of deformities of the spine, chest, and limbs, muscular contractions, and stiff joints, with illustrative plates and cases.

TO CORRESPONDENTS.—The communications of Drs. A. Flint and N. H. Allen are received; also a translation from the French on vaccina, by Dr. Stahl, which we have not yet had time to examine, and which, if inserted, must be deferred till we have disposed of several long original articles now preparing for our pages.

DIED.—In Leominster, Mass., Dr. Silas Allen, 78.—In St. Joseph, Florida, Thomas H. Thompson, M.D., a native of Charlestown, Ms., 35.—In New Haven, Ct., Dr. Henry Tomlison, 35.

Number of deaths in Boston for the week ending Aug. 22, 43.—Males, 19—females, 24.

Of consumption, 2—palsy, 1—teething, 2—bursting of bloodvessel, 1—cholera infantum, 5—drowned, 1—disease of the liver, 1—bowel complaint, 3—inflammation of the bowels, 1—brain fever, 1—dysentery, 7—apoplexy, 2—sudden. 1—smallpox, 1—infantile, 2—stoppage in the bowels, 1—fits, 1—old age, 1—canker, 1—tumor, 1—scarlet fever, 1—casualty, 1.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

Philadelphia, July 15, 1840.

A. 26.—tN1

JOHN REVERE, M.D.,

Dean of the Faculty.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

JOSEPH BATES, Lebanon Springs.
CHILDS & LEE, Pittsfield.

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 26.—3m

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A 19

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement :—

Practice and Theory of Medicine,	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - -	ROBERT HARE, M.D.
Surgery,	- - - - -	WILLIAM GIBSON, M.D.
Anatomy,	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	- - - - -	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

W. E. HORNER,

Jy 22—eptN15

Dean of the Medical Faculty.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - - - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	- - - - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - - - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	- - - - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	- - - - -	JOHN DELAMATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	- - - - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	- - - - -	SUMNER RHODES, M.D., Geneva.

THOMAS SPENCER, Registrar.

Geneva, July, 1840.

Jy 15—tO1

C. B. COVENTRY, Dean.

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	JAMES McNAUGHTON, M.D.
Materia Medica and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
Anatomy, by	- - - - -	JAMES H. ARMSBY, M.D.
Chemistry and Pharmacy, by	- - - - -	LEWIS C. BECK, M.D.
Obstetrics, by	- - - - -	DAVID M. McLAUGHLIN, M.D.
Institutes of Medicine, by	- - - - -	THOMAS HUN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

ALDEN MARCH, President.

J. H. ARMSBY, Registrar.

Jy 29—tN

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows :—

Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	- - - - -	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and De-	- - - - -	DR. BOWDITCH.
monstrations on Morbid Anatomy, at the Hospital, by	- - - - -	
Anatomy and Medical Jurisprudence, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

M. S. PERRY,

C. H. STEDMAN,

June 17—cop1f

H. I. BOWDITCH,

H. G. WILEY.

MEDICAL INSTRUCTION.

THE subscribers have associated themselves for the purpose of receiving students of medicine.

Students will have access to a good Medical Library, a collection of anatomical preparations and plates, and will have abundant opportunities of seeing practice.

They will also be examined once a week on Theory and Practice of Medicine and Obstetrics, by Dr. WHEATON.

And on Anatomy, Surgery and Materia Medica, by Dr. RIVERS.

A comfortable office for study, with fire and lights, will be provided.

The fee will be \$75 per annum, payable semi-annually in advance.

Providence, July 11, 1840.

A 5—5t*

LEVI WHEATON, M.D.

H. W. RIVERS, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII. WEDNESDAY, SEPTEMBER 2, 1840.

No. 4.

ANALYSIS OF TWENTY-FOUR CASES OF RUBEOLA.

[Communicated for the Boston Medical and Surgical Journal.]

TWENTY-FIVE cases of rubeola occurred between the 25th of May and the 10th of July, at the military hospital, Poinsett Barracks, located near this city, then under my charge. The subjects were all adults (soldiers), and, excepting one individual, who contracted the disease in the hospital wards where he had been suffering for 36 days with a severe catarrhal affection, they were all in good health when seized with the disease. In all the cases recovery took place; and, with the exception of three who were just sufficiently convalescent to be discharged from the hospital on the 10th of July, when I was relieved of its charge, and one who remained with ophthalmia, all had returned to the performance of their military duties.

Considering the comparative infrequency of the disease in adults, and the fact that these patients, being in health when attacked with it, were all of them affected within a short space of time, under similar circumstances of situation, &c., and subjected to similar regulations and principles of treatment, I have thought that a comparison of the symptoms might possess some interest, and, perhaps, conduce in some measure towards establishing the history of the disease as derived from this method of examination.

The prominent symptoms were daily recorded at the morning visit; but not having this plan in view while the cases were in progress, I have occasion now to regret my inability to make a numerical arrangement so complete and satisfactory as might have been done. Many symptoms, it will be perceived, have no mention made of them in some of the cases. It is to be remarked, in general, when this is the case, it is to be inferred that they were either absent entirely or possessed very little prominence. Some points, also, which may perhaps be deemed important, are, from the imperfection of the daily records, omitted entirely—for example, the *alvine discharges*. In some of the cases, the number and character of the dejections were recorded, but in others they were not mentioned. In no case, however, did there occur diarrhœa sufficient to require any attention or medical treatment, which, by some authors, is mentioned as common in the progress of this disease.

The situation of the barracks is a mile from the city, on an elevated position, and in every respect a healthful locality. The building appropriated for a hospital is tolerably commodious. Every provision exists

for the careful attendance and general welfare of the sick ; and cleanliness, in every respect, is rigidly enforced.

The diet regulations of the rubéola patients were uniform. Arrow-root, with a little milk, and tea, were allowed from the commencement. They were also permitted to have, as soon as they desired it, bread, rice, and mush ; and when convalescence was established, meat in broth and substance.

It was found impracticable to ascertain the period which elapsed between exposure to the contagion, and the appearance of the disease.

As the subject may not be deemed sufficiently important to occupy any larger space in your Journal than is absolutely necessary for a brief statement of the facts, I shall confine myself to these, as represented in the following arrangement, leaving any considerations which may be deduced to be inferred by the reader.

The single case alluded to above, in which the patient was not in health when attacked with the disease, is rejected, leaving the number of cases comprised in the analysis *twenty-four*.

Of these cases the appearance of the eruption was preceded by catarrh for four days, in 10 cases ; for five days, in 3 cases ; for three days, in 2 cases ; for two days, in 2 cases ; for one day, in 1 case.

It was preceded by paroxysm of intermittent fever, the patients being subject to this disease, in 3 cases ; by chills, in 1 case ; by ophthalmia 4 days, in 1 case. Previous symptoms not recorded, in 5 cases.

Pain in Loins and Extremities.—This symptom was present, in 13 cases ; it was recorded absent, in 8 cases ; it was recorded slight, in 5 cases ; it was not mentioned, in 3 cases.

Pain in the Head.—This symptom was present, in 16 cases ; it was absent, in 7 cases ; it was recorded slight, in 10 cases ; it was not mentioned, in 1 case.

Nausea.—This was recorded present, in 4 cases ; it was not mentioned, in the other cases.

Feeling of Debility and Lassitude, was recorded present, in 15 cases ; it was a prominent symptom, in 3 cases ; recorded slight, in 2 cases ; not mentioned, in 9 cases.

Eyes.—There existed tenderness, without vascular injection, in 10 cases ; great irritability and intolerance of light, in 1 case ; vascular injection existed in 6 cases. In all of these, with one exception, the inflammation subsided when the patient was convalescent. In this patient the ophthalmia preceded the eruption four days. The condition of the eyes was not mentioned in 9 cases.

Eruption, is recorded copious and vivid, in 19 cases ; moderate, in 4 cases ; slight and faint, in 1 case.

Tumefaction of Face, existed in 7 cases ; it was slight, in 2 cases.

Soreness of Throat.—Recorded present, in 12 cases ; do. absent, in 3 cases ; do. slight, in 5 cases ; not mentioned, in 9 cases.

Hoarseness or huskiness of Voice.—This was present, in 19 cases ; recorded absent, in 2 cases ; not mentioned, in 3 cases. In two cases where hoarseness was absent, soreness of throat existed ; and in one

case where hoarseness existed, the patient did not complain of soreness. It was recorded slight, in 5 cases ; do. extreme, in 6 cases.

Desquamation of Cuticle on the Face.—Recorded manifest 3d day after the appearance of the eruption, in 1 case ; do. 4th day, in 3 cases ; do. 5th day, in 4 cases ; do. 6th day, in 1 case ; not mentioned, in 15 cases. In these cases it did not occur, or was so slight as not to be manifest.

Catarrhal Symptoms, were present in all of the cases. They were severe, in 12 cases ; moderate, in 9 cases ; slight, in 3 cases.

Pain in Chest.—Present, in 4 cases. In no case was this a prominent symptom.

Pulse, was much accelerated, in 1 case ; moderately accelerated, in 17 cases ; slightly accelerated, in 2 cases ; unaffected, in 1 case ; not mentioned, in 3 cases. It is recorded full, in 2 cases ; do. *not full*, in 5 cases ; hard, in 0 case ; *not hard*, in 5 cases. It is recorded tense, in 3 cases ; small, in 1 case ; characters other than frequency, not mentioned, in 9 cases.

Skin, is recorded moist, in 13 cases ; dry, in 3 cases ; hot, in 2 cases ; tender to touch, in 1 case ; natural, in 1 case ; not mentioned, in 7 cases.

Tongue, is recorded coated partially, some portions glazed, afterwards clean, and having a raw appearance, in 1 case ; furred, afterwards coated, in 2 cases ; furred at root, clean at edges and tip, in 1 case ; coated, with red points protruding, in 2 cases ; furred, afterwards coated in some portions, and clean in others, in 1 case ; clean, and afterwards coated, in 1 case ; coated, excepting at tip, which is red and glazed, in 1 case ; clean and raw appearance, in 1 case ; furred, in 1 case ; slightly furred, in 4 cases ; coated, in 3 cases ; thickly coated, in 1 case ; not mentioned, in 6 cases.

Average period of patients remaining in hospital after the appearance of the eruption, 9 5-6 days.

Note.—The patients were generally sent to their quarters some days before they were returned fit for duty.

Of the Remedies employed.—As the patients were not subjected to different methods of treatment with a view to test their relative efficacy, the following statement of the remedies employed will only be interesting or important as completing, after the same plan, the history of these cases. They may be arranged under two heads:—1st. Those administered before or at the commencement of the eruption ; 2d. Those administered in the progress of the disease after the eruption.

1. Remedies before or at the Commencement of the Eruption.

	Average length of Time in Hospital.
An emetic of ipecacuanha, gr. xxx., was administered in 9 cases,	8 $\frac{8}{9}$ days.
Do. in combination with prot. chlo. hyd. grs. viii., in 3 cases,	15 $\frac{1}{4}$ "
Do. in combination with prot. chlo. hyd., grs. x., in 1 case,	6 "
Sulphate of magnesia, 3i., in 2 cases,	7 $\frac{1}{2}$ "
Oleum ricini, 3iiss., in 1 case,	7 "
T. lobelia, in 2 cases,	10 "

Venesection, in 1 case,	8 days.
S. quinia for paroxysm of intermittent fever, in 2 cases,	10 "
Calomel and jalap, ãã grs. x., in 1 case,	7 "
S. magnesia, 3 vi. and emp. vesicat. to chest, in 1 case,	9½ "
No prescription, in 1 case,	8 "

2. Remedies employed after the Eruption.

Dover's powder, grs. iv., 3 times daily, was prescribed in 12 cases. Syrup. scillæ and vin. ant. ãã 5 i., 3 times daily, in 16 cases. S. magnesia repeated in dose of 3 iv. every six hours until operation, in 6 cases. Venesection, 3d day after eruption, in 1 case. Mustard cataplasm to neck, in 1 case. Vesication of neck, in 7 cases. T. lobelia as an expectorant, in 1 case. Vin. ant. in dose of 5 i. 3 times, in 6 cases. Vin. ipecac. 5 i. 3 times, in 1 case. Emetic ipecacuanha repeated, in 1 case. S. morphia and spts. nitre dulc., in 1 case.

Buffalo, July 14th, 1840.

AUSTIN FLINT, M.D.

INFLAMMATION OF THE DIGESTIVE TUBE IN PUERPERAL WOMEN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My apology for troubling you again is this :—Soon after I commenced the practice of medicine (in 1830), a severe and frequently fatal disease made its appearance among pregnant and nursing females. The symptoms developed were new, and from my previous reading I had no clue by which to ascertain their nature, or the pathology of the disease. In this dilemma I extended my inquiries among authors, but the investigation was altogether unsatisfactory, as I found no accurate delineation of this disease, or guide for the administration of suitable remedies. I then resorted to my professional brethren, in hopes of obtaining from them the requisite information. The views of the medical gentlemen with whom I had an opportunity of conferring on this subject, or a majority of them, were that the affection of the mucous tissues should not be considered an idiopathic disease, but symptomatic of structural or organic lesion of the liver or spleen. This being the ultimatum of my inquiries and investigations, I proceeded, *secundem artem*, to use mercurials to salivation, followed by mineral acids and tonics. I pursued this course until (I honestly think) several constitutions were very much shattered, if not permanently injured. My cases required an unusual quantity of the protochloride of mercury to affect them, and the consequence was severe ptyalism and protracted convalescence. A few cases served to satisfy me that there must be an error in the above views, and that it might be in the pathology, or the treatment, or possibly in both.

I renewed my investigations at the bed-side of my patients, determined to let the symptoms speak for themselves, and be guided by the result. I found invariably that the first symptom was an affection of the mucous membrane of the mouth and fauces, and that it gradually extended to the stomach and bowels, in many cases without affecting the

spleen or hepatic organs at all. The conclusion was inevitable, that the remedies should be astringent and tonic, with laxatives and occasionally other remedies to correct accidental symptoms or complications. Under these impressions I made use of acetate of lead, cupri sulphas, and nitrate of silver, and, after the urgent symptoms were subdued, vegetable and mineral tonics. Since this period, my patients have uniformly recovered; indeed, some that were thought to be beyond the reach of the ordinary plan of treatment. I had purposed, some time since, giving publicity to the few facts which I had observed, connected with the history of this malady. On the appearance of Dr. Fuller's dissertation early in 1839 (see this Journal, Vol. XX. No. 7), proposing the same, or similar, treatment which had been successful in my cases, I abandoned the idea. However, on a more careful examination of his valuable paper, I find him advancing the same opinion concerning the pathology of this affection which prevails among my professional friends in this section of country, *i. e.* that it is necessarily connected with disease of the liver or spleen; and his history of the symptoms appears evidently to have been drawn from cases complicated with hepatic disease, or from the idiopathic disease in its secondary stages. His views concerning the causes of the disease are some of them, to say the least, quite problematical. I am also induced to believe that a more appropriate name may be found than the one used by Dr. Fuller. If we receive the opinions of Good, Halford, and others, as authority, we shall find *marasmus anæmia*, as described by them, a disease, to be sure, of bloodlessness and emaciation, but at the same time without any organic lesion, from commencement to close. In the one under consideration, however, the first symptoms are those of sub-acute or passive inflammation; if not checked or removed by appropriate remedies, inducing ulceration and emaciation, and ending in dissolution.

Symptoms.—In some cases during gestation, the mucous membrane of the mouth and fauces suffers from the disease, while the stomach and bowels perform their functions in a healthy manner. In the majority of cases, however, the symptoms are not developed until after the function of nursing is established. The first are burning heat in the mouth, in some cases dry, but more frequently attended with a profuse discharge of saliva, aggravated by sour or salt food. The appearance of the mucous surface of the mouth and tongue varies very much in different cases. Frequently there is general paleness, the tongue either furred or clean, generally tumid, so that the patient articulates with difficulty. In others, parts are pale, alternating with intensely red patches, the edges and tip of the tongue red, tender, with enlargement of the papilla. In others, again, these appearances are attended with aphthous ulcers upon the gums inside of the cheeks, or upon the under surface of the tongue. In some cases the tongue has a shining or glossy smoothness, mottled with pale and red patches.

During this stage of the disease, the appetite may remain good, and the circulation but little affected; the functions of assimilation and nutrition but slightly disturbed. After the above symptoms have continued for some time, gastric derangement takes place; there is severe pain in

the epigastric region, aggravated by taking solid food ; a burning sensation, with acid eructations, loss of appetite, &c. In some cases great irritability of the stomach takes place, with sallow complexion, &c. Febrile symptoms appear, by heat of the surface, thirst, frequent pulse, and constipation ; the countenance generally pale, anxious, and indicative of suffering, with depression of spirits, nervous tremors and palpitation. If the patient is neglected or badly treated, the disease continues its ravages into the bowels, and diarrhœa takes place. The dejections vary exceedingly in different cases ; in some, the appearance is nearly healthy, attended with an increased quantity of the ordinary secretions from the bowels. In others they are dark, pitchy, or green, and highly fœtid ; while in others they consist of fluid fœces, mucus and blood, and undigested food. If the disease is allowed to progress, or remedies fail to alleviate it, the pulse becomes permanently increased in frequency, ranging from 100 to 140 per minute ; occasional palpitation and dyspnœa ; great heat of the surface ; burning heat and pain in the mouth, fauces and stomach ; intense thirst, anorexia, and frequently unconquerable vomitings ; epigastric soreness, with a sense of exhaustion or sinking ; the bowels tumid, and tender on pressure ; the cellular tissue of the abdomen and lower extremities becomes infiltrated with serum ; the countenance pale, bloated, and of a waxen or leaden hue ; emaciation continues, and death closes the scene.

Causes.—Perhaps the most candid way to dispose of this subject, would be to say we know but little about it. It has been remarked that this disease is confined to females in the pregnant and puerperal state. This, however, is not the fact. I have observed a disease, of a precisely similar character, run through all its stages and terminate fatally, in the male subject—a single case of which I shall forward you with this paper.

A residence (see Dr. Fuller, *ut supra*) on the sea-coast is not necessary for its development, as it prevails quite as extensively in the interior as upon the borders of the Atlantic. I have witnessed its prevalence in the highest and most salubrious districts in this section of country (western New York), as well as in the low marshy situations.

Again, it affects the opulent and well-fed, as well as the poor and destitute ; and, upon reflection, I think a majority of the cases will be found among the more elevated ranks of society. I have seen the disease developed in females of good constitutions, and those who had never suffered from any local affection whatever previous to gestation ; and frequently in broken-down constitutions, from too frequent gestation, hepatic obstruction, splenic engorgement, &c. It is this latter class of cases, apparently, which has led physicians to suppose a necessary connection between lesions of the digestive organs and the affection of the mucous tissues of the digestive tube. We believe, however, that a careful survey of all the symptoms will render it apparent, to the candid inquirer, that they should be regarded as complications, or accidental or symptomatic lesions of structure, or disorder of functions, supervening upon the primary disease.

Treatment.—While the disease is confined to the mouth, we should

use gargles, ferri sulphas, with laudanum or solution of nitrate of silver, and give laxatives of rhei and sulphur. Let the patient drink lime water if there is loss of appetite, with costive bowels, and give occasionally a calomel cathartic. If the patient is a nursing female, and debilitated, the oxide of bismuth or the sulphate of iron may be used freely; the diet mild and nourishing, with mucilaginous drinks. When we find the gastric mucous membrane suffering, the patient sallow, with loss of appetite, and nausea, with frequent rejection of the contents of the stomach, give an emetic of sulph. zinc and ipecac., followed by cal. and rhei in sufficient quantity to move the bowels freely; then, in addition to the above remedies, use the nitrate of silver in one third or half-grain doses, from three to six times in 24 hours, as the urgency of the case may require. Pustulation with tartar emetic over the region of the stomach, or the nitro-chloride acid bath, may be used.

If we find ourselves prescribing in the third stage, and the patient is suffering from the exhausting discharges from the bowels, persevere in the use of the nitrate of silver, and also use it with laudanum and mucilages as an enema twice or three times in 24 hours. Blisters over the region of the bowels will be very useful; infusion of rhei and soda carbonas, and occasional doses of creta preparata, may be used as adjuvants to the above remedies.

The above treatment has been uniformly successful in the simple and unmixed cases. Where the case is complicated, by the patient's having suffered from chronic disease of the liver and spleen, or those organs sympathizing with the primary malady, there must be a corresponding variation in the treatment, or additional remedies made use of. In those cases where the symptoms indicate a previous or symptomatic affection of the liver, continue the above-mentioned remedies, and with them use the blue pill, or, what may be considered still better, the extract of conium maculatum in from two to five-gr. doses twice or three times in 24 hours. Blisters over the region of the liver and stomach alternately are very necessary. In the next variety of cases, involving the spleen, preparations of iodine may be used with great benefit, and here external applications will be equally applicable as in the former case.

Thus I have endeavored to give a brief sketch of the appearances in this disease as they presented themselves at the bed-side of the patient—and the therapeutic means which have been uniformly successful in my practice, when timely administered. I have only to offer a very brief history of two post-mortem examinations, when I shall have done.

Mr. S. K., a citizen of this place, was attacked in the fall of 1836 with sore mouth. I found the whole buccal membrane was extremely pale, and spotted with intensely red patches, attended with a burning pain and an increased secretion of saliva. These troublesome symptoms generally lasted from three to seven days, when they would disappear, and not return for three or four weeks; and continued so to return for 18 months. (This tendency to periodical attacks I have witnessed in the case of females frequently. In some cases there were four or five weeks intervals, in others longer periods.) During this time his appetite was good; his bowels at times irregular; a large share of the

time, however, his bowels were natural. He continued during this period to attend to his ordinary business (farming), but he resorted to various domestic remedies, such as bitter and astringent roots. The disease, notwithstanding, continued its ravages into the stomach and bowels. In September, 1838, he was attacked with diarrhœa, which resisted purgatives, anodynes and astringents. The burning pain and discharge of saliva from the mouth, and the epigastric uneasiness, were increased. He however continued taking such remedies as his friends advised, until January, 1839, when he consulted a physician, who gave him blue pill, and a preparation of opiated tinct. camphor, with either magnesia or creta preparata, and tonic bitters in rum, to be taken several times in 24 hours. The above course was pursued two months; his appetite being good, was unrestrained. The symptoms becoming aggravated, he applied to another physician, who restricted his diet to mush and milk morning and evening, and scalded milk and bread for dinner. The quantity allowed him was small—I believe between two and three pints daily. The medicinal part of the prescription consisted of syrup of sarsaparilla, a wine-glassful three times a day, and liberal doses of a solution of hydriodate of potash. He followed the above prescription two months, and sank more rapidly than under the preceding course.

Under these circumstances I was called to take charge of him in May, 1839. Appearance extremely pale and emaciated; pulse regular, but small and very weak; tongue smooth, pale, with a glossy or glazed appearance; edges and tip red; heat of the surface nearly natural, except in the hypogastric region it was steadily above the natural temperature. There was considerable tenderness, also, in this region. Diarrhœal discharges of healthy fæces, mucus and blood. I made use of cupri sulphas, in 1-6 gr. doses, with opium and gum arabic, four times in 24 hours; oxide bismuth and lime water, with blisters to the hypogastric region; nourishing diet, with mucilages, and, finally, used the nitrate of silver in liberal doses by the mouth, and also by enema with laudanum in elm tea. He rallied, and for a few weeks appeared to be improving. He relapsed, however, and died early in September.

Autopsy.—On laying open the abdominal cavity, the viscera in situ appeared perfectly healthy. The peritoneum reflected over the intestines, the liver, pancreas and spleen were minutely examined, and were found perfectly healthy, as were also the kidneys and urinary bladder. The stomach was carefully removed, and emptied; it was healthy, except a patch the size of a dollar, near the pyloric extremity, which had a brownish appearance, which could not be washed or scraped off; also an injected state of the bloodvessels in its immediate vicinity. The ascending transverse and descending colon were next removed, and opened in the most gentle manner. The contents of the colon were mostly mucus, and possibly pus, though I could not decide with certainty whether pure pus was mixed with the mucus or not. Thickening of the mucous surface had taken place throughout its whole extent, except about two inches of the caput coli, which appeared healthy. The bloodvessels were increased, both in size and number, to such an extent that this membrane had a deep red or ma-

hogany appearance. In the descending portion, abrasion had taken place in a number of places; the ulcers mostly presented a ragged surface; there were but two or three that were of a circular form. The duodenum healthy; the upper third of the jejunum presenting a red or mottled appearance, with slight thickening of the mucous surface in several patches; the lower two thirds, together with the whole of the ileum, presented a uniform deep red or brown appearance, an almost continuous thickening of the inner coat, but no well-defined ulcers.

I have recently had an opportunity of examining the body of a female who died soon after delivery, from an acute disease unconnected with the one under consideration. She had suffered from this disease, affecting the buccal membrane, for six months preceding delivery. I examined the liver, spleen and stomach, its mucous surface, and also the bowels; they were, to every appearance, healthy throughout.

West Henrietta, N. Y., Aug. 4, 1840.

ROBERT KELSEY.

REPORT OF THE BOSTON LUNATIC ASYLUM.

[Communicated for the Boston Medical and Surgical Journal.]

DR. BUTLER says, "There are those whose malady seems past medical treatment. As to the 'incurable or not cured,' public sentiment has yet to advance."—To superficial observers, many among insane people, &c., seem in health, whose indispositions are apparent only periodically, to a watchful eye. Careful record of such periodic appearances shows that they occur with considerable regularity, so that precautions may be applied to modify and prevent them, and improve the sufferer's condition.—Many people, considered even by themselves in health, notice great variety in their feelings, alternations of liveliness and languor, tranquillity and restlessness, heat and chilliness, inconstancy of appetite, &c. These seem indications of crises or revolutions, and, duly respected, may lead to salutary, conservative regimen. An important part of this, among insane people, is the maintaining them in constant occupation, to divert their melancholy, to attract and fix their attention to other objects. They are in many respects like persons returned to childhood, in occupation of which the devices are various and easy, but indispensable to comfort and advancement.

Wm. Cowper, the melancholy poet, wrote, "April 11th, 1788—A vacant hour is my abhorrence; when I am unoccupied, I suffer under the whole influence of my unhappy temperament. There is hardly anything that I have not proved, however beneficial it may have been thought by others, utterly useless in my case, except perpetual employment.

A mind quite vacant is a mind distressed."

Cowper was eight months in Dr. Cotton's Asylum in St. Albans, Eng., and a year more in his family, convalescent. Eight years after his recovery, the malady recurred and lasted seven years more. The principal part of the interval he had been unoccupied. On his second

recovery he was prevailed upon to turn his thoughts to regular occupation in writing; thence he enjoyed sufficient quiet and satisfaction. During his ailment, his principal pleasure seemed to be contrast of his afflictions with others' comforts. He satisfactorily occupied himself with hares, pigeons, robins, goldfinches, a kitten, a leach as a barometer, electricity, and a green-house.

Insanity sometimes seems to have coëxisted with a condition occult, inexplicable, and inaccessible to medical agency. Cowper says, "At 21 I was *struck* with such dejection of spirits as none but those who have felt the same, can have the least conception of: 12 months after, on a *sudden*, as if another sun had been kindled that instant, on purpose to dispel sorrow and vexation, I felt the weight of all my misery taken off; my heart became light and joyful in a moment; not by gradual dawning of peace, but as it were with a flash."—"In about a year, an hour after my devoted brother's arrival, madness actually seized me; the sensation was as if a heavy blow lighted on my brain, without touching the skull." His "Ice Islands" was a versification, March 12, 1799, of a circumstance read to him a few weeks before and apparently unnoticed by him. He thus expresses this "unsearchable obstruction in the finer parts of the frame:"

"Man is a harp, whose chords elude the sight,
Each yielding harmony disposed aright;
The screws reversed (a task which, if he please,
God, in a moment, executes with ease),
Ten thousand times ten thousand strings at once go loose;
Lost, till He tune them, all their power and use."

One of our respected citizens, subject to great changes of spirits, receiving a blow on his head by a falling curtain, was seized with a sensation of pressure on the brain, which continued several months, attended with much agitation and melancholy. The sensation disappeared instantaneously and unaccountably, and his cheerfulness and calmness at once returned.

"Capt. —, æt. 33, after sudden great loss of property, almost instantly lost his reason: 2 years after he was placed, in that state of insensibility, in York Asylum, Eng. For nearly thirty-one months after, he never expressed desire for food; for six weeks it was necessary to feed him as an infant. Food, medicine, everything, were alike indifferent to him. An attendant undressed and dressed him, conducted him to a seat in the common parlor, where he staid all day, his body bent, and eyes fixed on the floor. He seemed converted nearly into a vegetable.—Four years and nearly seven months after his seizure, on entering the parlor, he saluted the convalescent patients with 'Good morrow to you all;' thanked the attendants, of whose tenderness he said he began to be sensible some weeks before, but had not till then resolution to speak. In a few days he wrote a proper letter to his wife, returned to her in a week, and soon after commanded a merchant ship."

Note.—Cowper's last lucid interval continued 12—14 years, embittered by pecuniary straits and the reflection that he had "misspent three years in an attorney's office, and several more in the Middle Temple, being the most valuable years of" his life, and followed by recurrence

of his ailment, which lasted six years, till his death, April 25th, 1800. Of the two medical friends who ministered to his sufferings, it is recorded, as an example to those who undertake such high and sacred functions, "They were such guardians as the peculiar exigences of his situation required—fulfilling a delicate, arduous office, requiring unvaried tenderness, unshaken fidelity. A man who wanted sensibility would have renounced the duty. A man endowed with too much of that valuable, perilous quality, must have felt his health undermined by excess of sympathy with sufferings perpetually in his sight."

As to publication of suicides and other "records of crime," Cowper wrote, July 12, 1784, what has often been repeated, but not sufficiently regarded—"I consider Hume's Essay on Suicide to be licentious, presumptuous, infatuated, blind, silly, unprincipled, palpable sophistry; if true, it would justify general murder." If he is called "coward," who fails to defend himself, what passing ignominy is his who slinks from protection of the tender ones whom he has exposed to the chances of life!—As to cruel, odious, disgusting subjects, Cowper writes, June, 1788, "I feel so hurt in spirits the moment I enter on contemplation of them, I determine absolutely to have nothing to do with them. When man is active to disturb, there is such meanness in design, and cruelty in execution, I hate and despise it, and feel it a degradation to be employed in description of it." Cowper seemed aware that the publication of monstrous deeds is often followed by repetition of them. The Kinney affair, among us, followed closely upon the publication, in our newspapers, of Maria Capelle's sending to her husband a cake, &c., made with her own hands, and drugged with arsenic. The disgraceful history of Lardner is said to have been followed here by something of like character. Courvoisier said he "was instigated to murder Lord Russell by the story of Jack Shepard." That powerful engine, the press, is not to be used on all occasions, nor without due consideration and reserve.

G. P.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 2, 1840.

DEATH OF DR. PERRINE.

THE name of this gentleman is familiar to men of science in the United States. For many years he resided at Campeachy, in the capacity of American Consul—and during his residence there, conceived the idea of the feasibility of introducing tropical plants and fruits into those parts of Florida which had been considered utterly useless for any agricultural purposes. By indefatigable perseverance he succeeded, about three years ago, in obtaining a grant from Congress, of a tract of land, six miles square, on which his experiments were to be conducted on a scale sufficiently ample to test most fully the plan he had been many years maturing. The collection, belonging to the vegetable kingdom, which had been

selected with extreme care while discharging the responsible duties of Consul, was transported to Indian Key, and the prospect of complete success was continually brightening. About two years since Dr. P. visited Boston, among other places at the North. The urbanity of his manners, the vast fund of useful knowledge he had acquired, and the excellent traits of character that were always manifested, gave him a ready passport to the best informed society in this metropolis. An unremitting correspondence maintained with him from that period to the present time, is an evidence of the value we placed upon his acquaintance. He was as familiar with medicine as other subjects, as may be inferred from various communications to the pages of several leading scientific periodicals. In short, he was an intensely industrious and benevolent man, who could not be happy unless he was exerting himself to better the condition of others. He was also a scholar, and the expectations of those who knew him as such, will suffer a severe loss.

We recollect conversing with him on the personal danger to which he must necessarily be exposed, on account of the frequent descent of hostile Indians upon the defenceless settlements on the Florida Keys; but he entertained no apprehensions of trouble from that source. It seems, however, that in the early part of August, a large party of savages stole in upon Dr. Perrine's settlement, Indian Key, and massacred several of the unoffending, helpless inhabitants, and completed the horrible tragedy by burning many dwellings. After Dr. Perrine's house was attacked, in which was Mrs. Perrine with three children, besides himself, he went to the cupola to speak with the murderous assailants in Spanish. He was instantly shot dead with a rifle ball. The family finally escaped; but as Dr. Perrine was never seen afterwards, it was presumed that his body was burned with the house.

While we deeply sympathize with the afflicted family in this truly melancholy event, we also deplore the void which the death of Dr. Henry Perrine must necessarily make in the scientific world.

Jefferson Medical College.—A very full and complete scheme of the coming lecture season in this persevering school of medicine, is before the public. A formidable catalogue of the graduates is appended to the circular, which indicates the interest that has been manifested since the organization of the Jefferson Medical College, by those who made their own selection amongst several institutions devoted to the same pursuits. In looking over the names of the faculty, no alteration seems to have been made since the last year. There are six professors, alike distinguished for their high professional attainments, their suavity of manners, and devotion to the cause of medical science. One advantage, referred to in the address of the Trustees, must certainly have considerable weight on the minds of gentlemen who visit Philadelphia for the purpose of attending medical lectures. "The Pennsylvania Hospital, that magnificent establishment," says the circular, "founded by the munificence of the immortal William Penn, and having for its medical officers some of the most distinguished members of the profession, is open to them. The Philadelphia Hospital, which receives in the course of the year upwards of 2000 cases, and has for its medical officers the professors of the University and of the Jefferson Medical College, is by the intelligence and liberality of its managers rendered subservient to their improvement."

Willoughby University.—Among the notices we are accustomed to give, from year to year, of the various schools, by way of assisting students, who are thus enabled to make a selection according to their own individual conception of the fitness of things to meet their particular wants, the Lake Erie Medical Institution of Willoughby University has a claim to a place. Drs. Trowbridge and Delamater are there—and that is enough to inspire confidence, even were this the first effort of the University. A long course of life, laboriously devoted to the responsible business of preparing others to heal the sick, has given these gentlemen a station in the professional ranks of our country which a few only have the happiness to secure.

"The college-building is a brick edifice, 60 feet square, three stories high, with a basement; consisting of three lecture rooms, five professors' rooms, a dissecting room 100 [?] feet by 20, well lighted and very convenient, an anatomical museum room, and one for a general museum, 60 feet by 40, with a library room, &c," which is certainly sufficiently ample for two hundred students. It will be recollected that this University is located in the town of Willoughby, Lake County, in the State of Ohio.

India-rubber Cushions.—Mr. James Dyer, of Washington street, Boston, has devised an article for the special use of physicians who prefer a carriage to the saddle, which commends itself to the patronage of all who have looked into its peculiar merits. It is nothing more nor less than an air-tight cushion made of India-rubber cloth, having a tube for inflation, like the common life-preserver, enabling the person who uses it to graduate the thickness according to his pleasure; and is, therefore, admirable also for the library chair. Very many practitioners of late have adopted this as altogether superior to curled hair, spiral spring or rattan cushions. The delightful elasticity of this invention admits of no description: to be understood, it must be tried. With this kind of seat, even were the carriage body placed upon the axletree, without the intervention of springs, a complete substitute would be found in Mr. Dyer's contrivance, which is really worth the speedy notice of gentlemen who ride extensively in country practice.

Hydrostatic beds, as well as air-beds, manufactured by this same ingenious citizen, it is presumed, are well known to the public. Since they are important to some classes of patients, from the manner in which they adjust themselves to every line of the body, it may be doing invalids good service to have it generally known to their medical attendants that orders for them are executed in Boston, with promptitude.

A New Abdominal Supporter.—It has seemed impossible that any improvements could be made in these useful instruments. But all at once Dr. Fletcher, known as the inventor of a truss, has brought forward a new supporter that is really a beautiful article. Having hardly had an opportunity of becoming familiar with its construction, it cannot be expected that we should be prepared to form an opinion of the merits of the invention. Dr. Fletcher is manufacturing them extensively, which shows that he has perfect confidence in the mechanical advantages this has over any which have preceded it. We may be able hereafter to speak with more decision in regard to the matter.

Preservation of the Teeth.—One of the neatest little volumes that has lately emanated from the Boston press, was left at this office at the close of last week, bearing the following title, viz.: "*Preservation of the Teeth: a family guide; being familiar observations on their structure and diseases, with practical illustrations and engravings—embracing the modern improvements in dentistry.* By David K. Hitchcock, Surgeon-dentist." A want of room prevents a more extended notice of the contents to day.

Gravel and Stone.—A very few young people generate gravel and stone before puberty; and are subjects of operation, but not always radically cured. Is the rapid increase of the mass owing to diet and drink? Free use of low wines, cider and fermented liquors, seems to aid in formation of gravel and stone. I think pure vinegar, vinegar of low red wine or strawberries and water, or artificial preparations of it, seem not so to aid. I believe that steady potations of good water, substituted for wine, cider and beer, and all fermentable, fermenting drinks, without total abstinence from moderate use of ardent spirits, carry off the elements of gravel and stone.—Do adults suffer from such moderate use? I do not see that gout commonly follows frequent use of whiskey. Geo. Barrington, in his voyage to New South Wales, says, "In Sneeuwburg, Cape of Good Hope, almost all the inhabitants have gravel, and in beasts, wild and tame, quantities of stone or sand are often found." SENEX.

Cambridge, August, 1840.

Cure of Strabismus.—M. Jules Guerin announces, in a letter recently addressed to the Academy of Sciences, that he has performed Dieffenbach's operation for the cure of strabismus in four cases with success.

I had long ago established, says M. Guerin, and publicly professed, that strabismus depends on retraction of the muscles of the eye, and that its various forms depend on the different degrees of retraction, variously affecting the different muscles which move the eyeball. This is a simple application of my theory of the deformities of the joints in general, which elicited from a distinguished member of the Academy, the quaint, but just remark, that squinting was the club-foot of the eye. In accordance with this theory, I had proposed to extend to the eye the section of its muscles, a practice employed by me in the treatment of deformities in general; the mode of operating which I have adopted, differs slightly from that of Dieffenbach; the results have been advantageous, but not immediately so: in one case only did the eye become quite straight soon after the operation; in the others there was merely an amelioration, and this circumstance appears to me to be a natural consequence of the true origin of squinting.—*Journal des Debats.*

Emetics of Ipecacuan. in Hemorrhage.—Dr. Osborne states that this treatment in menorrhagia has never as yet failed in his hands, except when the progress of the case afterwards proved the formation of scirrhous or cancerous structures of the uterus. "The remarkable effects of emetics of ipecacuanha in restraining hemorrhage," he adds, "is not confined to this organ. In a case of violent epistaxis, in which several remedies were ineffectual, I tried it while preparations were going on for plugging the posterior nares, and with success, so as to render that measure unnecessary. In hemoptysis, I am unable to add to the facts already

known respecting its efficacy, being of opinion that hemorrhage from the lungs is always salutary, and that the practice of giving the mineral acids, &c., to discourage it in phthisis is injurious. A very considerable benefit is generally perceptible, after the vessels of the diseased lung have been unloaded by this discharge. When, however, a violent hemorrhage takes place from the lungs, and blood is expectorated in such quantities as to endanger life, then all our efforts must be directed to its suppression. In a late case (not phthisis) I failed with the emetic, but as I lost sight of the patient subsequently, I am unable to pronounce as to the cause of the hemorrhage, and therefore as to the cause of the failure."—*Dublin Journal of Medical Sciences.*

TO CORRESPONDENTS.—Dr. Woodward's Statistics of Insanity, &c., are received, and will be inserted in an early number.—H. I. B.'s review will probably be commenced next week.

MARRIED,—In Charlestown, Mass., Dr. Harvey E. Clap, to Miss Priscilla Crocker.—In Boston, Henry Bigelow, M.D., to Miss Matilda A. Pool.

DIED,—In Worcester, Mass., Dr. Stephen T. Coe, 25, formerly of Portland, Me.

Number of deaths in Boston for the week ending Aug. 27, 56.—Males, 26—females, 30.

Of consumption, 2—cholera infantum, 5—typhous fever, 5—inflammation of the bowels, 6—dysentery, 8—casualty, 1—hemorrhage of the lungs, 1—smallpox, 1—lung fever, 1—cholera morbus, 1—liver complaint, 1—sudden, 1—debility, 1—fever, 1—apoplexy, 2—dropsy in the head, 1—infantile, 4—brain fever, 1—dropsy, 1—hooping cough, 2—marasmus, 2—convulsions, 1—child-bed, 1—intemperance, 1—dropsy on the brain, 1—teething, 2—croup, 1.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

Philadelphia, July 15, 1840.

A 26.—1N1

JOHN REVERE, M.D.,

Dean of the Faculty.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers continue to receive pupils, and to afford them every facility for obtaining a complete medical education.

Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to the lectures on Anatomy and the operations in Surgery at the Medical College during the winter. They will also have frequent opportunities for attending private surgical operations and the occasional attendance on obstetric cases.

Instruction will be given by examinations and lectures during the intervals of the public lectures at the University. Particular attention will be given to the prosecution of practical anatomy and surgery.

A room is provided with books, fire and lights, at the expense of the instructors.

For admission, apply at the School, No. 4 Winter street, or at No. 2 Park street, between the hours of 12 and 2.

Boston, July 20, 1840.

A 5

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 19, 1840.

WALTER CHANNING,
GEORGE W. OTIS, JR.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	- - - - -	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Prof. HAYWARD.
Chemistry, by	- - - - -	Prof. WEBSTER.
Theory and Practice of Physic, by	- - - - -	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter. The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

Boston, July 6, 1840.

July 15—tN1

WALTER CHANNING, *Dean*.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - - -	BENJAMIN SULLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - - - -	ELI IVES, M.D.
Materia Medica and Therapeutics, by	- - - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - - -	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840.

July 29—6t

CHARLES HOOKER, *Sec'y*.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.
RUFUS WYMAN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 5th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Gerhard, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verite est dans les choses, et non dans mon esprit que les juge." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the pathology and treatment of medullary sarcoma," with the motto, "On observe la nature; on ne la devine pas."

The following prize questions for 1841, are already before the public, viz.: 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances? 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease."

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, *Secretary*.

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840.

A 12.—4t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII. WEDNESDAY, SEPTEMBER 9, 1840.

No. 5.

MEDICAL AND PHYSIOLOGICAL COMMENTARIES.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Let no one suppose that I mean to make a critical analysis of the whole of Dr. Paine's work. I wish to make some remarks upon his assertions in regard to M. Louis—and if you will allow them a place in your Journal I shall be much obliged to you. Hoping that Dr. Paine will receive these remarks with "good humor," and believe that I have "felt no cold-blooded envy of his honors,"

Boston, Sept. 1, 1840.

I remain yours very truly, H. I. B.

Dr. Paine's volumes are heavy tomes indeed, so far as size is concerned—but in examining them with reference to the special object we have in view, we have been forcibly reminded of the mushroom. We have seen other volumes equally large and containing as much dogmatism, which were intended for the destruction of heresies—but notwithstanding the zeal and learning of the opponent, the damnable heresy has risen triumphant. We have no fears that Dr. Paine's volumes will have much effect; but though we have no fears for the foundation of Louis's main ideas, viz.: 1st, the accurate observation; 2d, recording of cases; 3d, the analysis of them by tables—still we feel unwilling to allow any writer, under the pretence of examining the philosophical views of M. Louis, to traduce his character. If all that is said by Dr. Paine of the former physician of La Pitié be true, M. Louis deserves to be treated not merely as one wholly unworthy of confidence in medicine, but as an individual of a base private character. We use harsh terms, we allow—but what worse accusation can be brought against any person than that he is untrue, that he is willing, for merely selfish motives, to mislead the medical world? The whole tenor of Dr. Paine's criticisms upon Louis's writings leads to such an accusation.

Dr. Paine never suffers his reader to lose sight of the main object of his two volumes, viz., a violent attack upon the numerical, or, as he chooses to call it, the anatomical school. Consequently, there is scarcely a hundred successive pages in either volume, in which this opposition does not manifest itself—and in the second volume, a whole chapter of 134 pages is dedicated to "The writings of Louis;" and after quoting from books of every nature—some of which have as much connection

* Medical and Physiological Commentaries. By Martyn Paine, M.D. A.M. 2 vols., 8vo. pp. 716—814=1530. New York: 1840.

with the subject as Mother Goose's Melodies would have with an introduction to a dissertation on the writings of Franklin—he concludes, with a self-complacent stroking of his beard, thus—"If what we have now said of the estimation in which the fathers of medicine have been held by all learned successors should, in some measure, counteract the growing prejudice against this source of much of our best experience and many of the best principles in science, we shall consider ourselves justified in having made this defence." Oh that the venerable forms of Hippocrates, Galen and Celsus could appear and duly thank their "learned successor," Dr. Paine, who in this 19th century thinks that his mission is to defend their memories from the attacks of the "bigoted numeralists"! How much ought medicine to be grateful that its fathers have been preserved from oblivion by such a cogent writer!

But let us commence with the special object of our labors—a review of Dr. Paine's ideas upon the effect of Louis's writings, and of the numerical (or anatomical, according to Dr. P.) school.

The first sign we have of the terror of our commentator in consequence of the prevalence of the writings of the "anatomical school," appears in Vol. I, when criticizing Marshall Hall's views of venesection, for the London and French pathologists are both classed under one head, although in our opinion entirely distinct characters. However, we will not quarrel with his classification of authors. Dr. Paine quotes the following from Arnstrong's Lectures on Fever. The quotation will serve to show the "generalizing" powers of the Dr., as well as his dislike for Louis. "A patient, at the point of death from acute inflammation of the pleura and lungs, was bled to the extent of 50 ounces, when he obtained no relief. If we had stopped here, in two hours the patient would have died. After abstracting six ounces more blood, syncope came on, from which he recovered convalescent." We might complain of some dogmatism here, but listen to Dr. Paine: "If this patient had been bled in an erect posture, and from both arms, and had syncope followed the loss of 15 or 20 ounces of blood, it is scarcely probable that he would have been saved. Here the importance is *fully shown* [no generalizing here, we presume], not only of abstracting a certain quantity of blood, but of obtaining a full impression from the cerebral influence, in many cases of inflammatory affections," &c. Dr. P. continues, and speaks of Marshall Hall's recommendation not to bleed to perfect syncope, as being erroneous. In a note to all this, he says that he (Dr. Paine) has known many to die "from neglect or the inefficient use of" the lancet, since our author's [Dr. Hall's] and M. Louis's works have been extensively circulated amongst us. (p. 230.)

We have a few remarks to make. Considering our commentator is so very wroth, as we shall see hereafter, at Louis's love of generalizing from one or two cases, we think it very strange that Dr. P. should not merely draw an inference from one case in regard to the effect of bleeding upon pneumonia, but likewise that the same influence is exerted upon "many cases of inflammatory affections." We really cannot see any *proof* of the truth of this proposition, though Dr. P. of course expects us to take his assertions, as he kindly consents to take Dr. Hale's assertion for the

truth of the results of 197 cases. (Vol. 2, page 690.) Again, how does he know that Dr. Hall's views are wrong? Has he tried Dr. H.'s plan and found it wanting? If so, let us know the *number* of his facts *pro* and *con*—for we are unwilling to take the assertion of any man.

We may make the same remark in reference to his cases in which death occurred from want of care in bleeding. We want to see some of his cases, in order that we may compare them with some in which bleeding was omitted, or “perhaps used inefficiently,” and yet the patients recovered. We would not, however, have any one suppose that we disapprove of venesection in inflammatory diseases. Far from it. Our own experience, even if Louis's cases did not prove it, would convince us that this remedy has very great influence in alleviating the general symptoms of inflammatory diseases of the chest. But we have never seen an acute inflammation “strangled” by it.

Again. The *tongue*, that favorite organ for doctors to look wise over, and therefrom divine the state of the system, becomes next the source of trouble, because, forsooth, *according to Dr. Paine*, Louis says that the indications to be drawn from the state of the tongue are “the least important” of any. (Vol. 1, Fevers, page 238.) But we beg the reader to mark well, though this is but the commencement of misstatements, *Louis never stated this*, that we can find, in his work on typhus, or in fact in any of his works, so far as we can discover. He states, and to our mind, proves, that there is no necessary connection between the condition of the tongue and that of the stomach (Vol. 2, page 55 to 90); but that certain secondary lesions are consequent upon any febrile excitement, and lesions of the tongue are among them. Louis never even said that the indications from the tongue were *unimportant*, but merely that from the tongue alone we cannot infer so much as is usually supposed, in regard to the general system, and that it does not indicate the condition of the stomach.

The next remark we have to notice, is this:—(Vol. 1, p. 282) “We shall see that Mons. Louis and his followers have little or no confidence in the curative effects of bloodletting in pneumonia, and some other equally severe inflammations.” Let us see how the facts stand. Louis says that from his own investigations he is led to believe, “1st, That bloodletting *has a happy effect on the progress of pneumonia*; that it *shortens its duration*; that this effect, however, is much less than has been commonly believed, but that patients bled during the first four days recover, other things being equal, four or five days sooner than those bled at a later period. 2d, That pneumonitis is never arrested *at once* by bloodletting, at least not on the first day of the disease. If an opposite opinion is maintained, it is because this disease has been confounded with another, or because in some rare cases the general symptoms rapidly diminish after the first bloodletting. But then the local symptoms, crepitation, &c., for the most part, continue to be developed not the less for this evacuation.”*

We are fully convinced, from examination of the physical signs, that the local disease goes on when the general symptoms are very much improved

* Bloodletting, Bowditch's Translation, p. 48.

by venesection. Now Louis would willingly allow that by subduing the fever we do much towards saving our patient, though the local disease apparently progresses—in the same way that erysipelas progresses after the first febrile action is subdued. But we do not see why Louis or his followers should be considered as “having little or no confidence” in bloodletting, because they have less faith than some others.

Moreover, let us look at the appendix to the American edition of the pamphlet on bloodletting—and which our author quotes with approbation, though it was written exactly according to the numerical method. “But this would not be representing the subject in a light sufficiently favorable for our remedy. * * * Again—so that the advantage derived from *bloodletting* in our practice is greater than that derived from the same treatment in the hands of M. Louis.”—(*Bloodletting. Appendix by Dr. Jackson.*)

Our author progresses in his zeal, and devotes three pages (Vol. 1, p. 293) to the improprieties of the numerical school. “M. Louis, in his ‘numerical’ treatise on bloodletting, endeavors to set aside the practical results of all other eminent men, whose observations probably were not less accurate, though not reduced to a tabular form. The latter observers had found themselves more usefully employed in giving their whole time to the study of nature, and in recording general facts and general results, or in presenting examples in detail, which should most clearly illustrate the ordinary conditions of disease, and thus form the luminous basis of general principles.”

Study of nature! forsooth. We presume, then, that it was from pure folly, for a mere pastime, that Mons. Louis, after having been many years in actual practice, gave up his business and entered as clinical aid to his friend Chomel—and at La Charité devoted his days. Here was no studying of nature! It is much easier to write commentaries and talk about the study of nature, than it is to observe accurately. But really, when one denies Louis the credit of having recourse to the strictest study of nature, we must smile at the critic. He knows not the man he is dealing with.

Again—“It is the complaint of the ‘numerical school,’ that general affirmations cannot be trusted without the tabular view before us.” Dr. P. is correct in the first part of this sentence. The adherents to the numerical school say we have had full enough of such words as “very often,” “frequently,” “almost always;” we want something more definite. Give us your numbers. But numeralists will be, by no means, satisfied with *all* tables or all numbers; they wish to see a book which bears internal evidence of being supported by well-investigated facts, and facts observed, as far as possible, without bias. Many times has it been repeated by the apologists of the numerical method, that tables from ill-recorded facts will lead to error. The numeralists must have an analysis of facts recorded as they actually occurred, and at the time of their occurrence, or they will not be satisfied. Dr. P. complains that thereby the honesty of all previous medical writers is called in question. Does the chemist trust to his memory when making his different analyses? Does not the astronomer record at the moment of observation, and ana-

lyze afterwards? Is this discrediting the character of previous observers? This is what Louis wishes the physician to do. No man can remember all his cases. He recollects merely those that are most prominent; hence arise errors in his writings in the closet. But Dr. P. in conclusion, says, "this method, while it offers the general results, supposes that the figures of one man are as full of accuracy as those of another." We differ from this opinion in toto (as may be inferred from our previous remarks); and we wish not to be exclusive, but we really believe that some men are from their constitution incapable of "observing nature" accurately, and the consequence is that all tables made by such persons we should be sceptical about. Already in France such persons have arisen. Our commentator quotes from them.

We might criticize more on these pages, but we will terminate with only one assertion which our author makes—"Others who have carried out M. Louis's 'numerical method,' have come to entirely different results." Every science is progressing; especially is this true in France, where there is more intellectual activity at the present time than in any other country. One law is good until a higher one is discovered; when that higher one is found out, the lesser of course is put aside. Louis, in his preface to the work on typhus, says, "The best book is good only in relation to the epoch at which it appears, and another must be anticipated that will be more exact and more complete." This we presume every reasonable person would admit. Even now Louis would not be satisfied with the want of minuteness of some of his former observations. Moreover, the attention of the scientific world is always more or less strongly bent to one object. Every tyro now has his microscope, and hopes to learn the arcana of the human frame. In a few years this will be supplanted by another method of investigating. If, in the process of time, facts may be elicited which may clash with some of Louis's results, we ought not to blame him—much less the method by which he arrived at his results.

We now approach the most important part of our author's volumes—for it is evident that Dr. Paine regards M. Louis as the most formidable opponent of medical truth of the present era, and therefore a chapter in the second volume, of more than 100 pages, is devoted to the "Writings of Louis." Four of these pages are occupied with quotations from many authors, and such a medley we have never seen or read of before, save, as Shakspeare has it:—

"Eye of newt and toe of frog,
Wool of bat and tongue of dog,
Adder's fork and blind worm's sting,
Lizard's leg and owl's wing."

Our readers may think that we give them an incorrect idea of the matter; and the quotations, it is true, are most of them extremely good—but their inapplicability to the main subject is what we object to. Plato and Lord Byron, Hippocrates and Cowper, Baglivi and Pope, are all simmering together with Louis and his contemporaries.

Our author commences thus heroically and self-complacently.—"In approaching the works which we have selected for the subjects of this

commentary, we have been actuated by various motives. These will appear, from time to time, as we advance with our undertaking. But we may say now that we have especially in view an exhibition of the ascendancy which false philosophy may obtain, in the intricate science of medicine, at the most intellectual era of man, and to exemplify the inductive and practical results which spring from morbid anatomy when assumed as a paramount guide in pathological inquiries.*

Before we pass a step farther, we wish to deny entirely the truth of the assertion, that Louis or the numerical school do make pathological anatomy a *paramount* guide in pathological inquiries; and Dr. P. must know little of the matter when he accuses Louis of thus using it. We must say that we are devoted lovers of the plan originally proposed by others, but first fully developed by Louis, viz., the Numerical Method. We hereby give in our faith, and believe that as alchemy taught much of chemistry, so medicine gained much from the early fathers of medicine; but as chemistry has made rapid strides of late years from a more philosophical method of study, so medicine will gain under the numerical method. While we thus declare our entire faith, we have a right to protest against the assertion by Dr. Paine, that we depend upon pathological anatomy for our entire knowledge of diseases. We look upon pathological anatomy as only one means of deciding the question, and not more important than symptomatology. They stand upon a par; one explains and is connected with the other, and the man who neglects either is a *one-sided* philosopher and will be wholly incapable of any general views. Louis says*—"I do not fear to say that pathological anatomy has been neither too much boasted of, as some declare, nor too much depreciated, as others say, but its uses have often been little understood. It is a mode of explanation which no other can supply. It is no other thing, but it is certainly of much worth, and because it is one mode of learning about diseases, a mode of verification applicable to all diseases, it seems to me we ought not to make it a science by itself, any more than diagnosis or prognosis." In other words, Louis would use it as *one* of the means of arriving at truth, but not as the sole or fundamental one.

But we go still further, and declare that there is no one from whom we could have learned more real diffidence in anatomical alterations than from M. Louis. In his lectures and at the bed-side of the patient, he is perpetually reminding us that there is something which escapes our senses, even with the most minute investigations—and for the truth of this, we appeal to any one who has followed this author in his visits, or has had personal intercourse with him. But as our readers may wish for some more tangible proof, we quote the following remark of his when speaking of pain, loss of appetite, febrile symptoms, lassitude, &c., as precursors of all *local* diseases. "We should be obliged to refer the commencement of the disease to the period at which these symptoms first made their appearance, and to draw the conclusion that an affection wholly local in its appearance may be preceded by general symp-

* Proper method of examining a patient. Bowditch's Translation from Mem. de la Soc. Med. d'Observation, Paris, 1837. Dunglison's Med. Intel., p. 160.

toms which can neither be explained nor referred entirely to the local disease, even when they arise at the same moment.”—(*Ibid.* p. 154.)

It would seem, then, that our commentator raised up nothing but a spirit; and we find him fighting as a fundamental point of the numerical method, a chimera of his own brain. This two-fold error of supposing the numerical and “anatomical” schools identical, and that the former trusts to pathological anatomy as the ground work of its system, runs through the whole of the hundred pages of criticisms. Alas! that there should be so slight a foundation for the following pathetic exclamation, when speaking of the present reputation of Louis’s method, &c. “When after ages shall look back upon this dark spot on the brightest escutcheon of the world, it must be regarded without sympathy and as an act of voluntary humiliation.”

But let us come to details. Dr. Paine seems to think himself called upon to defend the reputation of Chomel, and assures the reader that Chomel acted a very subordinate part, and should be in no respect associated with our author’s performance in his work on fever, or typhoid affection. We presume that there are scarcely two men in Paris more intimate, and more mutually respectful, than Louis and Chomel. They are very near friends. But it remains for Dr. Paine to find out that Chomel ought to be ashamed of his co-laborer; at any rate he endeavors much to persuade his readers that Louis was the acting man and Chomel had nothing to do with the matter. Now, the facts are these. Louis, disgusted with the uncertainty prevailing in all branches of medicine, returns from the foreign country where he was settled, resigns his professional duties, enters the wards of the hospital which are under the care of his friend Chomel, determined, like a sincere seeker for truth, to record the facts he sees there with perfect indifference as to the results to which a future investigation would lead him. Chomel bids him enter and pursue his studies freely; but Chomel (notwithstanding Dr. Paine takes it upon himself to declare to the contrary) is *always the chief physician*.

In order to prove how much ashamed Chomel is of his friend, and of the work which originated in his own wards, we quote the following from his *Leçons de Clinique Medicale*, Vol. 1, which treats of typhoid fever. “In speaking of the history of this disease, upon which the labors of Messrs. Prost, Petit, Serres, Bretonneau, and *especially the model work* by Mons. Louis, have thrown much light,” &c. (p. 2). In quoting Louis’s results, he says, “Those which Mons. Louis has given in his *learned work* upon the subject (p. 76). Again he says—“Also in the ten cases of this kind which were collected and published by M. Louis, *this able observer*,” &c. (p. 128). And finally, as if it were written especially to refute Dr. Paine, we find the following—“If we judge of them from more numerous cases observed by M. Louis, in our service [or wards] at La Charité,” &c.

We perhaps have spent more time than was necessary upon this, but as our author thought it necessary to devote two pages to the subject we were unwilling to pass it by unnoticed. Moreover, there is one assertion which is wholly untrue, and as it bears upon the point, we quote it. “It is

also of constant recurrence, '*I prescribed*'"—meaning thereby to state definitely that Louis prescribed. Now there is no such expression in the work on typhoid fever—and we challenge Dr. P. to cite it. Dr. Paine thinking (we know not why) this point a very important one to be settled, returns to it at the latter part of his chapter, and gives another specimen of his unfairness. We quote from page 800—"Although it is everywhere apparent that he [Louis] is alone responsible, we will now state his direct affirmation to this effect. '*We abstained* from blood-letting, &c.' " Now we have always thought that common honesty of heart would tell a man that he should look at the original text, and not trust to any translation. Dr. Paine attempts to prove Louis a liar (we are aware of the meaning of the word), by quoting a translation; whereas, if he had taken the trouble to look at the original, he would have found that he by no means could prove what he wished. "*On abstint*" are the two words in the original French. Now we appeal to any one who has the merest smattering of that language, and ask whether Dr. Paine has done rightly. It is, however, quite in accordance with the greater part of the whole chapter.

But enough of this. These are mere trifles in comparison with the false statements that follow.

Having premised thus much about Chomel, our author continues, and finds an inconsistency between the motto from Emile and the advertisement (page 686 Com.). Louis says (quoting from Jean Jacques Rousseau), "I know that truth lies in facts, and not in the mind that judges of them," &c. "The reader" (thus remarks Dr. P.) "will ultimately feel the whole import and intended force of the foregoing paragraph; and whilst our author is everywhere engaged in drawing the most unqualified generalizations from these limited observations, the reader is as constantly drawn into the belief that our author is only concerned about the exhibition of *rigorous facts*. And yet be it said that our author, to carry the only purpose which could render these '138 observations' in the least instrumental to his fame beyond the day of their promulgation, announces in his '*advertisement*' what is everywhere the final object of his analytical investigations, 'the hope of arriving at *conclusive* results.' "

The above is a fair specimen of Dr. Paine's method of quoting from our author. The following is the passage to which Dr. P. refers. "Bien que mon ouvrage ne soit pas un traité de l'affection, qu'il ne doive être considéré que comme l'exposé des faits qu'j'ai recueillis sur cette maladie,* l'espoir d'arriver à des *resultats concluants* m'a conduit comme on vient de voir à l'analyse d'un grand nombre de faits relatifs à des affections d'une autre espèce." (Although my work is not a treatise on the typhoid affection, as it ought to be considered merely an account

* We must add Louis's note to this passage, and the following is a literal translation.

"This is likewise the reason why I did not think it necessary to examine the opinions of those authors who have devoted themselves most successfully of late to the study of fevers. I would add that I could not have done so without increasing the bulk of my volume; and moreover the time for this examination is perhaps not yet come, and it would be done perhaps better by another than by myself. Nothing less than all these considerations could have prevented me from using this opportunity of rendering a just tribute of respect to my brethren, and of repaying with my thanks those who have shown so much kindness to me in their publications."

of the facts which I have observed relative to this disease, the hope of arriving at conclusive results has induced me to analyze a great number of facts relative to other diseases.)—*Pref. to Typhoid Fever.*

Now we ask, has Dr. Paine acted fairly in quoting, as he has quoted, a few words from the middle of a sentence? One would suppose, from the quotation, as given by this commentator, that Louis meant to say that he considered he had settled the whole affair so far as typhous fever is concerned—that he had arrived at conclusive results, and therefore there would be no need of further investigations. Whereas he expressly states that he does not consider his work “a treatise upon the typhoid disease,” but merely an account or summary (*exposé*) of the facts which he had observed. But let us search for Louis’s opinions upon this point elsewhere. In his preface to his volume of *Memoirs*, he says, “Although the number of facts we have collected is far from being sufficient to definitely fix this proportion, still they may aid in the attainment of this object—and if every one followed the same plan, we could discover the truth after a few years—and the same method, continued for a still greater lapse of time, would enable us to decide,” &c.* In these two quotations there is certainly sufficient deference paid to others, and not any extraordinary degree of arrogance on his part.

It must be always kept in mind that Louis collected his facts in Paris, and from them deduced his results. He did not, because he could not, observe in England or America. Hence all that Louis or any of his friends would contend for, is, that an analysis of his facts gives the results for the disease known under the name of typhus or typhoid fever in Paris.

Our commentator proceeds, and states his astonishment at finding Louis generalizing too quickly. “The first thing,” he says, “that excites our surprise, is the broad affirmation that a lesion of the glands of Peyer may be taken as the anatomical characteristic of typhoid fever, because, &c. * * * * * Here, in this second generalization, is one important foundation of our author’s renown. He had thus identified himself with an unexplored disease, and presented it as an isolated affection which may always be distinguished from the group with which it is allied by a comparatively unimportant lesion of structure. * * *

* * * But let us inquire how far our author has been sustained in the foregoing generalization by the observations which he has elicited from others. We allow that this may seem a work of supererogation to the most enlightened of the profession in Europe, but it is necessary to the purposes of this essay that the subject should be considered.” How truly condescending on the part of our learned commentator to be thus willing to instruct us simple Americans in what, were we all as learned as Dr. Paine, or as “the most enlightened of the profession in Europe,” we should doubtless be very well versed! But we will not quarrel with the self-complacency of the doctor, but proceed to criticize some of the quotations from the authors whom he cites to prove his position.

First, we shall speak of “this unimportant lesion of structure.” Among the ablest and worthiest, and the one upon whom Dr. P. rests

* *Memoires, ou Recherches Anatomico-Pathologiques, &c. par P. Ch. A. Louis. Paris : 1826.*

his greatest hopes, is Chomel. In the first place Chomel everywhere, in the volume before us,* speaks of Louis as the "savant," and "able observer," and of his work on typhous fever as "a model." And what are his results? Let us listen to Dr. Paine's *description* of them, and afterwards learn the TRUTH. He says (p. 688) that Chomel "has seen the same alteration of the glands of Peyer as attend typhus, in scarlatina and other affections (*su jets morts d'affections differentes.*)"

We are sorry to see such a lamentable deficiency in the fairness which we expect in one who quotes. The reader doubtless will suppose, from what we have extracted from Dr. P.'s remarks, that Chomel believes that the peculiar lesion of the intestinal follicles ascribed by Louis to the typhoid affection, can be found in many diseases. Now we deny that Chomel ever said so, or meant to be understood so to say; and we assert that he declares exactly the contrary, and that it is Dr. Paine's garbled quotation that has led the reader into error. That he has made exactly the same inferences that Louis has, we do not wish to state. What two men are there that will agree wholly, when there is any room for difference of opinion? But the differences in the present case do not affect the point under consideration. Chomel divides the anatomical lesions into those that are *constant* and those that are *accidental*. In the first class are reckoned, as is done by Mons. Louis, the lesion of the follicles of the small intestine (with this difference, that under this expression Chomel includes both Peyer's and Brunner's glands), and he continues thus: "We conclude from these researches, depending upon numerous observations, agreeing in the most important particulars with those made by Mons. Louis in Paris, and Dr. Bright in England, that the alteration of the intestinal follicles is a condition *wholly peculiar* (*tout à fait particulier*) to the typhoid affection, the different periods of which we can follow as we can *those of an abscess or a cutaneous exanthem.*"—(*Lecons*, page 222). Truly this looks very much as if Chomel thought the follicular affection, in the typhoid disease, was "a comparatively unimportant lesion of structure."

But our author says, Chomel has seen the same alterations in other diseases. We deny even this. On the contrary, in the three diseases mentioned by him as having something similar, viz., cholera, phthisis and scarlatina, he makes two very evident distinctions—for instance in cholera: 1st, "There is less prominence of the follicles than in typhoid. 2d, The lesion is the same at every epoch of the disease—whereas there is a regular change in them in fever." In reference to scarlatina, Chomel says that the disease of the follicles resembles that in cholera, and therefore is not like that of the typhoid disease. Moreover, let any one peruse the cases collected by Jackson† while the cholera was raging in Paris, and he will find nothing to confirm him in the idea that in the two diseases is the same anatomical change. In cholera the congregated glands, or Peyer's patches, were not diseased in comparison with Brunner's or the isolated follicles. With regard to phthisis, Chomel makes similar statements. We have ourselves had some opportunities of comparing the intestinal lesions of

* *Lecons de Clinique Medicale*, par le Prof. Chomel. Paris: 1834.

† Cases of Cholera collected at Paris, &c., by James Jackson, Jr., 1832.

phthisis and typhus—and we must say that the idea of confounding the two when we examine the whole track of the canal, never could have been entertained by us. The anatomical differences are much more distinct than many cutaneous affections—for instance, measles and scarlatina.

But in order to lay the whole truth before the reader, we must inform him that Chomel announces that he does not agree with Louis in regarding this affection of the patches as absolutely necessary to the typhoid affection, because he thinks that, 1st, sometimes it is absent in cases where the symptoms are those of the typhoid disease; and 2d, because sometimes the severity of the symptoms does not accord with the slight lesion of the follicles. This opinion is drawn not from his own facts, but from those of others. But he seems in doubt about any previous step in the disease, and as he is ignorant he is willing to confess it, and waits until further facts are collected. Dr. Paine may think he has gained his end, and that Chomel and we both allow that Louis generalized too quickly—and that in stating the anatomical characteristic of the typhoid fever to be a lesion of Peyer's patches, we declare that the symptoms are dependent upon this change of these patches. Now let us examine Louis's works and see what he says upon the subject; and first, we must say that in stating the foundation of Louis's assertions, Dr. Paine, as usual, gives an unfair impression of his labors, and leads the reader to believe that all the cases of any disease that Louis examined in order to arrive at definite conclusions in reference to the characteristic lesion of the typhoid disease, were "50 cases of acute disease having certain other analogies, and 83 other cases where these analogies are said to have been more or less wanting." After speaking of the state of doubt in which physicians were in reference to fever—some calling it a gastro-enteritis, others a putrid adynamic, ataxic and typhoid fever, Louis continues thus: "In order to make up my mind upon a question which simple discussion would not tend to elucidate, I examined and recorded, between the years of 1822 and 1827, the histories of *all the patients* affected with acute disease, that were admitted to the hospital of La Charité in the apartments under the supervision of Mons. Chomel. During this period I obtained, with the exception of some imperfectly recorded facts, 138 observations of the typhoid fever, 50 of which related to individuals that died. I analyzed both, and in order to know, among the numerous lesions found in those who died, those that were peculiar to the typhoid affection, I compared them with the alterations observed in consequence of other acute diseases, in 83 subjects, whose cases I carefully recorded. I did the same when examining the symptoms in patients affected with the typhoid disease or any other acute affection terminating fatally, or by return of health. So that in fact I have analyzed the alteration in the viscera of 133 subjects who died, and the symptoms of nearly 900."

One would think that these facts were sufficient to enable one to come to some definite (we will not use "conclusive," as it offends our commentator so much) results. "In my analysis," continues Louis, "I have wholly left out any facts which were not sufficiently exact—and when I have

deduced any consequences, I have always kept before me this idea by the author of *Emile*, 'I know that truth resides in things, &c.'” In a note to this paragraph Louis informs us that he threw aside as incomplete all the “observations” made during his first eight months of devotion to these studies. One would think that the accurate examination of about 1000 cases, and the autopsies of 1-10 of them, would have enabled any accurate observer to decide whether a lesion was *unimportant* or not.

So much for Louis's data and accuracy of observation of nature.

[To be concluded next week.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 9, 1840.

REVIEW OF DR. PAINE'S WORK.

THE elaborate article commenced in this day's Journal, necessarily excludes other communications and much of the local intelligence which usually accumulates in the course of a week. Although this review will occupy a considerable portion of the next number, those who have a relish for these searching literary operations, will find a great deal to interest them. In the course of a few weeks we are expecting to publish another paper upon the same subject, but from another source, which will be distinguished for its power. Dr. Paine, with all his learning, and influenced by the best intentions, has actually set the writing part of the profession by the ears.—We take the liberty to recommend *brevity* to all who may write for our pages upon this as well as other topics. Readers are not all equally interested in the discussion of any one subject, and long articles are always sure to be complained of by some.

Medical Prize Questions.—Some weeks have passed away since it was made known who took the Boylston Prizes for the present year; but hoping to know something about the dissertations, the names of the authors have not been noticed by us prominently, as they should have been, before this. Joseph Sargent, M.D., of Worcester, Mass., won the prize offered for the best dissertation on the “*pathology and treatment of medullary sarcoma*,” and W. W. Gerhard, M.D., of Philadelphia, one of the editors of the Medical Examiner, took the other—the subject being the “*pathology and treatment of typhus and typhoid fever*.” It certainly does not redound to our credit to let strangers take off Boston gold medals, year after year. Dr. Parsons, of Providence, must have a small purse full.

Proceedings of the American Philosophical Society.—To Dr. Dunglison, we presume ourselves indebted for the printed transactions of this Society for May, June and July, for which he will please accept our thanks. Mention is made, very briefly, of the *filaria* in the aqueous humor in the eye of a horse, heretofore referred to in the Journal. “Most of

the observers," says Dr. D. "believe the entozoon to be a *filaria papillosa*—but some, a lesser *strongylus*." From the records, it appears that Dr. Hays, too, takes an active part in the deliberations of this learned Society.

Congenital Malformation of the Pupil.—A young man residing in Boston, now 20 years of age, has a malformation of the pupils of both eyes, which is thought to be quite rare. The pupil of the right eye is not unlike a key-hole in appearance, as the iris is completely divided quite down the line where the lower margin of the pupil should be, to the under edge of the cornea. In the left eye the circle of the pupil is well defined, although the iris is divided; but instead of a wide rent, as in the other, there is only a dark line running down the union of the sclerotica and cornea. By directing a strong light upon the organs, the clefts in both narrow up the aperture. His vision is not good—there being, as he described it, a "blur" over the eyes, so that he can read but a few minutes at a time.

Rumination in Man.—Man, certainly, is not naturally a ruminating animal; and yet I have seen three cases wherein that process was so complete after every meal, that it not only became a serious disease, but a most disgusting exhibition.

The first was an old farmer, who, to save time, had acquired a habit of "bolting" his food, as he termed it, then getting on horseback, and subjecting his dinner piecemeal to mastication at his leisure. Being a frugal character he eventually became rich, mixed in better society, found his acquired habit, although quite comfortable to himself, very unpleasant to others, and wished to shake it off through the aid of medicine. Many prescriptions were tried, some of an elaborate kind, without effect, and he finally abandoned them all as useless.

The second case was an hysterical female, of middle age and weakly digestion. Rumination, accompanied with flatus, followed every meal, and continued for some considerable time, rendering her unwilling, as well as unfit, to appear in society, and truly miserable; she found it checked in some degree by a little whisky, then brandy and other stimulants, but one after another they lost their effect; and although it was considerably abated by several medicines and modes of regimen, it was never completely cured.

The third is a school boy, of 12 years old, of a healthy constitution; the ruminating process began soon after every meal, but most pertinaciously after dinner. Although frequently checked for it, he would absent himself for the purpose of indulging in the re-mastication, finding it attended by a somewhat pleasurable sensation.

A scruple of carbonate of soda, with three grains of powdered ginger, were ordered after every meal, and in two days he found the propensity lessened; he could, by an exertion of deglutition, prevent it, and it seemed to disappear after 12 powders had been taken. The powders being now omitted, the rumination returned; the same means again succeeded, and after using this *simple remedy* for about three weeks, he has remained now several months quite free from this disagreeable affection.—W. Wilson, in *Lancet*.

Re-vaccination in the District of Villengen.—Of 123 re-vaccinations performed at Villengen in 1838, upon persons between the ages of 11 and 20 years, the results would go to prove that the operation was successful in the proportion of two-fifths of the whole. On the other hand, the epidemics of variola would show that, in general, persons who had been vaccinated and had arrived at the age of 20 years, are but slightly affected when attacked by smallpox; but in proportion as they grow older the smallpox becomes more serious. In old persons, although previously vaccinated, the disease is as violent as in those who have never been vaccinated at all. In the epidemic of Villengen in 1837-38, none who had been vaccinated took either the variola or varioloid, although several persons were vaccinated in the very houses in which the smallpox raged. This operation is very trifling, and never attended with any serious consequences.—*Gaz. Medicale.*

Temperature of Plants.—M. Van Beck, in repeating the experiments of Dutrochet, with the physiological needles of Becquerel and Breschet, and the galvanometer of Gourgon, has observed that the temperature of plants increases until the afternoon, that it then diminishes, disappears almost wholly during the night, and returns on the following day. The maximum of inherent heat on the 29th of September, at a quarter past one o'clock, P. M., in a young leaf of the sedum cotyledon, did not exceed 0 deg. 25 centigrade. In rainy and dull weather, the phenomenon was not so evident as in a calm and clear atmosphere. In these experiments, M. Van Beck's results differed from those of Dutrochet, in finding the living leaf of a lower temperature than the dead leaf of the same plant, when the observations were conducted in the air. When made in an atmosphere impregnated with watery vapor, and beneath a bell glass, the heat of the living leaf was the greatest. Dutrochet explains this want of agreement by reference to his mode of treatment of the withered leaf. After destroying the vitality of the leaf by immersing it in hot water, he dips it immediately into cold water, and keeps it well moistened during the experiment, so that an evaporation equal to that of the living leaf may be continued. If M. Van Beck allow the leaf after immersion in hot water to dry gradually, the evaporation will have ceased, and the temperature in the living leaf be consequently lower than that of the dead when the experiment is made.—*Abridged from the Edin. New Phil. Journal.*

Case of Tumor in the Pelvis, impeding Parturition. By J. C. W. LEVER, ESQ., communicated by Dr. Merriman.—The patient who was the subject of the affection described, had been many hours in labor when Mr. Lever was called to see her. Finding a tumor as large as a fœtal head, occupying the middle of the pelvic cavity, and obstructing the progress of labor, the author punctured it with a lancet, and gave exit to upwards of a pint of an oily fluid, when the tumor collapsed; the pains continuing, the head of the child rapidly advanced, and birth was effected in two hours from the operation.

The case here related bears a close resemblance to some of those described by Dr. Merriman in the 10th volume of the Medical and Surgical Society's "Transactions."—*London Lancet.*

Amaurosis—softening of the Optic Nerves through their entire substance and length—softening of the Thalami.—A man 37 years of age

who had been blind for 3 years, died of chronic dysentery in the Aberdeen Hospital. On post-mortem examination Dr. A. Kilgour found adhesion between the dura mater and arachnoid; the sub-arachnoid tissue hypertrophied, and the tela arachnoidea in consequence easily dissected from the pia mater over the whole surface of the brain. The optic nerves were of a pearly or slight yellowish appearance, flat and thin like bands of tape, much diminished in size, and their commissure soft with some liquid in the centre of it. They were traced of the same consistence and appearance into the thalami, which were also softer than usual—*Ed. Med. Journal.*

TO CORRESPONDENTS.—The communications of Dr. Wheeler and of W. J. B. are received and will have early attention.

MARRIED.—In Poplin, N. H., Dr. Nathan French, of Malden Centre, Ms., to Miss Ruth S. Hook, of Poplin.—At Northborough, Dr. J. J. Johnson, to Miss Mary W. Allen.

Number of deaths in Boston for the week ending Sept. 5, 56.—Males, 28—females, 23.

Of consumption, 7—infantile, 7—teething, 2—bowel complaint, 5—cholera infantum, 5—lung fever, 1—diarrhœa, 1—dropsy on the brain, 4—disease of the spine, 1—dysentery, 4—spasmodic cholera, 1—hydrocephalus, 1—intemperance, 2—ulcer in the head, 1—hooping cough, 1—debility, 1—typhous fever, 1—jaundice, 1—delirium tremens, 1—inflammation of the bowels, 3—canker in the bowels, 2—fits, 1—marasmus, 1.

ORDERS FOR GOODS FROM PARIS.

THE subscriber intending to remain in Paris for a year or two, will be happy to attend to any orders, of large or small amount, for physicians or others, who may be in want of books, instruments, minerals, &c. &c. Reference to Dr. Martin Gay, and Nathan Hale, Esq. Directions may be left with Mr. Foster, at the Courier Office, 4 Thorndike's building, Congress square, Boston.

Sept. 5.

S 9—3t

J. H. BUCKINGHAM.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm. F.	Therm. C.	Therm. F.	Barom. F.	Barom. C.	Barom. F.			
August.									
1 Satur.	70	76	68	29.56	29.16	29.46	N E	Rain	
2 Sun.	64	74	72	29.52	29.53	29.40	S E	Fair	Showery.
3 Mon.	69	79	69	29.41	29.35	29.33	S E	Fair	High wind. Fine shower.
4 Tues.	66	82	74	29.34	29.29	29.23	S W	Fair	High wind. Showers in the night.
5 Wed.	70	77	76	29.22	29.21	29.20	N W	Fair	Fine shower in the night.
6 Thur.	59	82	70	29.24	29.22	29.21	S W	Fair	High wind. Showers in the night. Some
7 Frid.	60	71	66	29.12	29.30	29.23	S W	Fair	[thunder and lightning.
8 Satur.	58	74	68	29.23	29.25	29.30	N W	Fair	Shower in the afternoon.
9 Sun.	58	72	68	29.41	29.48	29.51	N W	Fair	
10 Mon.	54	73	70	29.58	29.61	29.60	N W	Fair	
11 Tues.	56	77	71	29.60	29.53	29.48	S W	Cloudy	Severe thunder storm in the evening.
12 Wed.	61	83	72	29.42	29.39	29.38	S W	Fair	
13 Thur.	64	76	72	29.30	29.32	29.28	S E	Fair	Fine showers. Rainy night.
14 Frid.	71	76	74	29.11	29.16	29.24	S W	Fair	
15 Satur.	64	76	70	29.37	29.50	29.54	N W	Fair	
16 Sun.	54	70	66	29.65	29.72	29.73	N E	Fair	
17 Mon.	55	76	72	29.78	29.81	29.80	S	Fair	Morning foggy.
18 Tues.	60	78	72	29.81	29.80	29.75	S E	Fair	
19 Wed.	63	82	75	29.68	29.61	29.56	S W	Fair	Morning foggy. Aurora borealis.
20 Thur.	70	84	78	29.51	29.50	29.48	W	Fair	
21 Frid.	68	87	82	29.38	29.49	29.48	S	Fair	do. do.
22 Satur.	67	83	79	29.49	29.46	29.43	S	Fair	Evening, thunder and lightning.
23 Sun.	71	84	70	29.39	29.33	29.27	S W	Fair	Morning foggy. Thunder storm P. M.
24 Mon.	68	78	73	29.23	29.29	29.31	W	Fair	
25 Tues.	64	76	68	29.35	29.40	29.43	N W	Fair	Aurora borealis.
26 Wed.	58	76	70	29.51	29.58	29.55	N W	Fair	do. do.
27 Thur.	58	77	70	29.55	29.56	29.55	S W	Fair	
28 Frid.	60	71	70	29.56	29.64	29.60	S	Fair	Morning foggy. Aurora borealis.
29 Satur.	63	78	76	29.61	29.64	29.63	S	Fair	
30 Sun.	62	76	71	29.60	29.58	29.50	S	Fair	Morning foggy.
31 Mon.	67	80	71	29.42	29.35	29.33	S	Fair	do. do.

The month of August has been favorable for vegetation—the weather warm, with frequent refreshing showers, and great uniformity of temperature. Range of barometer, from 29.11 to 29.81; thermometer, from 54 to 87.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREY'S STORER,
OLIVER W. HOLMES.

Boston, June 21, 1840.

ep1mcop6m

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	JOHN DELANATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	SUMNER RHODES, M.D., Geneva.
	THOMAS SPENCER, Registrar.
	C. B. COVENTRY, Dean.

Geneva, July, 1840.

Jy 15—t01

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	JAMES MCNAUGHTON, M.D.
Materia Medica and Natural History, by	EBENEZER EMMONS, M.D.
Anatomy, by	JAMES H. ARMSBY, M.D.
Chemistry and Pharmacy, by	LEWIS C. BECK, M.D.
Obstetrics, by	DAVID M. McLACHLAN, M.D.
Institutes of Medicine, by	THOMAS HUN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

ALDEN MARCH, President.
J. H. ARMSBY, Registrar.

Jy 29—tN

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	NATHANIEL CHAPMAN, M.D.
Chemistry,	ROBERT HARE, M.D.
Surgery,	WILLIAM GIBSON, M.D.
Anatomy,	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

W. E. HORNER,
Dean of the Medical Faculty.

Jy 22—cptX15

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 26.—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, SEPTEMBER 16, 1840.

No. 6.

DR. PAINE'S MEDICAL AND PHYSIOLOGICAL COMMENTARIES.

[Continued from page 84.]

WE now return to the subject of the anatomical characteristics of typhus, typhoid affection, or continued fever. The reader will bear in mind that anatomical characteristics are very different from the causes of disease. The anatomical characteristics are, comparatively speaking, easily discovered by careful examination—and in common, but somewhat inaccurate language, we allow they are called the causes. For instance, Louis says inflammation of the lung is the cause of the various groups of symptoms usually accompanying and giving us information of the existence of that disease. But there is a step still farther back, and which is hidden, for the most part, and to this step must we go for the real causes. These are the most hidden subjects we have to deal with. In the present age, and with our actual knowledge of the phenomena of life, it will be long ere we shall be able to *know* much upon etiology—yet upon nothing do medical authors “tax their imagination for their facts” more than upon this same topic.

The anatomical characteristics of typhus, according to Louis, are of two kinds, *primary* and *secondary* (a similar opinion to Chomel's). In the first rank, Louis places the affection of the congregated follicles (Peyer's patches), because “they were more or less seriously changed in structure in all the patients.”* But there are other *secondary* characteristics—“Ulcerations of the pharynx and œsophagus having occurred only in a small number of typhoid patients, and in no other disease, may be considered as among the anatomical characteristics of the former, though they are secondary.”† Now we cannot see how Louis could have drawn any other inference. We beg the reader to remember that Louis's work was written from cases collected some time ago, between 1822 and '27, and that he pretends “not to give a perfect treatise on the disease.”‡ He examines his own cases collected in Paris, and in wards devoted to adults. Doubtless, he never intended to say that there might be no difference observed between the typhus of Paris and that of England or America. He left that for others and future observers to decide. Doubtless, moreover, he would have made a more perfect work had he studied the disease in children and old age, and in other countries. He would have had a larger number of facts. But supposing he had devoted 6 years to children, 6 to the aged, 6 to England,

* Louis on Typhoid Fever, Vol. 1, p. 172.

† Ibid., p. 383.

‡ Preface to Typhoid Fever.

&c. ; his life would have terminated, and we should not have had the "model" work by M. Louis. But ought we to complain of a man who makes inferences from the facts he has in his possession?

Dr. Paine states (p. 169) that the follicular affection is denied to exist by Louis and his followers in genuine typhus. We know not to whom Dr. P. refers under the title of followers; but as it regards Louis, we deny that he ever made such an assertion, and challenge Dr. P. to produce any proof to that effect.

Dr. P. quotes from Lombard and several English and American writers in regard to the characteristics of fever. Even if it be certain that in the course of fever in England and America there are other lesions than those described by Louis, we can derive no argument from this fact against Louis's results—inasmuch as he limits these results to the disease as actually existing in Paris. The subject, in our opinion, is still sub judice as it regards these characteristics, when fever is viewed as an affection liable to occur in every part of the world; but this does not lessen our confidence in M. Louis; and though we may differ from him, we may respect his method of investigating, believing, as we do, that some higher law will eventually reconcile all differences. But at present, we must conclude, both from Chomel's and Louis's researches (82 fatal cases collected during a space of 12 years by two eminent men), that the anatomical characteristics of typhus in Paris are as have been described. But Dr. Paine has no right to use such an expression as this, when criticizing Louis's results. "They are," says Dr. P., "designed for every climate, constitution, habits, and other predisposing and exciting causes." As much right have we to complain of Mons. Louis for having said that ulceration of the intestines in chronic diseases is never found except in combination with tubercles in the lungs. Now we have seen two cases, at least, and if we had resided farther south should probably have seen many more, of chronic diarrhœa from long residence in the West Indies; and in these cases, in which we examined the lungs with the utmost caution, making the minute subdivisions of them with especial reference to Louis's remarks, we found no trace of tubercle, but the intestines were studded with ulcers. We explain the fact of the error of Louis from this circumstance, that the diseases of warm climates rarely, if ever, appear in the Paris hospitals. We never saw one during our residence in that metropolis. We do not, however, consider Louis as being unworthy of confidence because he has chosen to say—"It is now more than 8 years since my *Researches* [on phthisis] were published, and I have not met, during that period, with a single subject who has died of a chronic disease, and with ulcers in the small intestines, in whom there was not at the same time tubercles in the lungs."*

But the climax is coming. We cannot forbear smiling to view the overweening self-complacency of our commentator when commencing his plan of "rapidly glancing at the prolific results of those 50 cases of typhus." Observe the bathos! "But it is indispensable to the success

of our enterprise, and when we shall have brought them to the solemn consideration of the reader, yet leaving them mainly to his intelligence, we cannot but think that they will be regarded as a fearful beacon to the present and coming generations" ! (Page 694.) Let us see how Dr. Paine has succeeded in proving that he deserves immortality for having proved that Louis is an arch traitor to truth, and that his works ought to be regarded as a warning to all future generations !

In the first paragraph after this flourish of "solemn" trumpets, we find a radical error in the statement of Louis's opinions—as follows. "Our author, for instance, has no conception of disease which he cannot trace out through some lesion of structure ; and when he endeavors to insinuate the belief that diarrhœa cannot exist 'without appreciable lesion of the intestinal mucous membrane,' he fears that his hypothesis may find some opposition from analogies supplied by the natural conditions of the body." (P. 695.)

Our readers would scarcely believe us if we were merely to state that all this assertion by Dr. Paine is radically *false*, and that in the above paragraph in which Dr. P. *pretends* to quote from Louis's work on phthisis, Louis really *says exactly the reverse of what Dr. P. states that he does*, and that instead "of having no conception of disease which he cannot trace out through some lesion of structure," he declares, in *this identical paragraph*, that he *does believe in disease of function without appreciable alteration of structure*. Dr. Paine may hope to escape the imputation of falsehood, by using the word "*insinuate*." But let any candid reader read the sentence which Dr. Paine has written, and he would say that Louis really *believed* that diarrhœa could not occur without lesion of structure, but that he was afraid to say it openly, and therefore merely "*insinuated*" it. We must say that we feel indignant when such accusations are made against this author, for they show either wilful blindness or total ignorance on the part of the accuser. But let us see the original and translation.

"Observons que ces sueurs si copieuses indiquent un dérangement des fonctions de la peau, aussi remarquable par son degré que par sa durée ; que ce dérangement, qu'il soit sympathique ou dû à une autre cause, n'en est pas moins réel, et a lieu *sans* alteration sensible de la structure de l'organe qui en est le siege ; qu'ainsi qu'une fonction peut être plus ou moins altérée pendant long temps, sans que l'organe qui en est chargé offre de changement appreciable dans sa texture. Remarquons, encore, qu'à défaut de faits qui prouvassent d'une manière directe que le devoiement peut avoir lieu sans lesion appreciable de la membrane muqueuse de l'intestine, cela serait à présumer à raison de l'analogie qui existe entre des sueurs copieuses et une diarrhœa plus ou moins forte. Nous ne disons pas evident, parceque, dans notre manière de voir l'analogie ne peut servir qu'à indiquer de nouvelles recherches, à aller à la rencontre des faits, et jamais à les suplier—autrement, ce seroit conclure de la possibilité d'une chose à son existence, ce qui est absurde."—(*Researches on Phthisis*, s. 259.) "We remark that these copious perspirations indicate a dérangement in the functions of the skin, as remarkable in degree as in duration ; that this dérangement, whether it be the

result of sympathy or of any other cause, is not the less real on that account, *and occurs without any* appreciable alteration in the structure of the organ in which this derangement occurs. And thus we find that a function may be more or less seriously altered for a long while, *and at the same time the organ, which is the origin of the function, may present no appreciable change of structure.* We would likewise observe, that in the absence of facts which directly prove that diarrhœa may occur without any appreciable lesion in the mucous membrane of the intestine, we might presume that to be true in consequence of the analogy which exists between copious perspiration and severe diarrhœa. We do not say that this is proved (evident, Fr.), because we think that analogy serves only to point the way to new researches; it teaches to seek, in a certain direction, for new facts, but it never supplies the want of them; for if it were otherwise, we should deduce the absolute existence of a thing from the simple possibility of such existence, which is an absurdity."

The inference we draw from the above perversion of Louis's words, is one of these: 1st, Dr. P. has wilfully falsified a remark of an author whom he wishes to hold up to scorn; or, 2d, Dr. P. reads so carelessly that he did not observe his mistake. Upon whichever horn of the dilemma the Dr. may place himself, the inferences are not very pleasant for a man who writes such full commentaries upon the medical theories of the day. But our commentator may not choose to think himself placed as we think he is. Be it so, and let us hear him in his future remarks. After a long defence of analogy as a source of evidence, he concludes thus triumphantly! "Thus in the example which our author fears may encroach upon the dominion of morbid anatomy, who is there that will not concede that 'profuse perspiration' arising *from disease* without 'any appreciable lesion' of the skin, is not a substantial ground for induction that 'diarrhœa'—aye, and many other morbid results—may take place independently of any 'appreciable lesion' of structure? And to show you [mark well the Dr.'s earnestness] how analogy may grow into a matter of fact, and in this very instance, we will point you to serous effusions in the brain, thorax, abdomen, where the secreting membranes often exhibit their perfectly normal state."—(P. 695.) Heaven defend medical art from the "*facts*" which grow up in this way. A man has sweated, and no change of structure of skin is observed—therefore, says Dr. P., we are *certain* that a man may have hydrothorax, dropsy of the brain, hydrocele, &c. &c., without evident change of structure in the organs implicated. We must say that we should prefer to examine the chest and head and *see* whether these things are so, rather than to infer that these diseases exist merely from what passes upon the skin. It is a long while since we studied logic under the venerable Dr. H. Would that we could appeal to that learned man. Even he, with all his logical acumen, would be shocked at such unwonted use of analogical reasoning.

We hasten to another instance of our commentator's unfairness. On page 696, he says—"Our author has no difficulty with analogy where a lesion of structure may embellish the philosophy of disease. Thus:

'Analogy,' he says, 'is in favor of what we advance. For, when hæmorrhage occurs in any internal organ, it is almost constantly a symptom of more or less considerable alteration of structure.' From this assumption, he reasons analogically that 'hæmoptysis (with certain exceptions), whenever it occurs, renders tubercles in the lungs infinitely probable.' "

So much for Dr. Paine's assertions. Let us see how the matter *really* stands. Louis commences the paragraph upon hæmoptysis (Phthisis, s. 231) by stating that 57 out of 87 patients had it. He then states, 25 had it copiously. Again he asks (s. 233), "Are we, however, to consider the hæmoptysis, especially when copious, which precedes cough and expectoration, as a precursor of tubercles, or simply as a symptom which reveals their presence?" He then states, that for nearly three years he had constantly asked all his patients in reference to this symptom, and he found, that except in the phthisical patients, and those who had received injuries of the chest, or in whom the catamenia were disordered, none had hæmoptysis. And he continues thus: "We think, therefore, that hæmoptysis, except in the cases above mentioned, at whatever period it may occur, makes it infinitely probable that tubercles exist in the lungs. We do not say that this is certain, because there have been many well-attested facts which are fortunate exceptions." Moreover (he continues, in the next paragraph), "analogy favors this proposition. For when a hæmorrhage," &c. And he terminates the paragraph thus: "But let us cease with these few remarks [that is, reasonings from analogy] which are intended much less to supply facts, than to excite to investigation."

Really, if Dr. P. did not put forth such pretensions to learning and candor, we might apply to him much harsher epithets than those we have already used. Does not that man deserve severe rebuke, when under pretence of stating an argument in reference to a subject, he dares entirely to reverse the order, and uses a remark made by the author for the purpose of exciting others to investigate, as if it were the chief corner stone of the author's argument? We heartily detest such trickery.

Our commentator seems to be unwilling that M. Louis should dare use the word *experience*, unless he has numbers to prove it—so bigoted does he seem to suppose our author is in regard to the numerical method. For instance—on p. 699, we find, "Here is another example of adherence to 'rigorous facts,' and of the uses which our author makes of analogy, where questions of the most vital and general nature are concerned. Thus: 'Experience shows us, that in spite of these striking and indisputable differences between persons most resembling one another, 999 out of 1000 who differ in age, sex, temperament, &c., live on the same food, prepared in the same manner.'—(*Bloodletting*, p. 58.)"

On page 700, the commentator quotes several passages. In reference to one, he says that Louis regards structural disease as the essential pathology of disease. We have already denied this assertion; but we quote the following: "If the senses do not appreciate everything, if there is anything else in the typhoid affection than what the eyesight can

discover, such is also the case in almost all internal diseases, which in this respect " (in having something more than *structural lesion*) " are scarcely less mysterious than fevers."—(*Page 394, Typhoid, Vol. 2.*) Our commentator returns to the charge afterwards (*Vol. 2, p. 762*), and quotes various passages from Louis's works, tending to prove (as Dr. P. thinks) that Louis regarded the lesion of Peyer's patches as the *cause* of the symptoms in typhus. Now the sum and substance of the whole of the quotations may be illustrated thus. A case of very severe pneumonia occurs, accompanied with delirium. Death ensues—chiefly, as Louis thinks, in consequence of the mania. Yet upon examination, we find both lungs extensively hepatized, but no appreciable change in the brain. Louis says, that in the present state of our knowledge we must refer the mania to the disease of the lungs, and not to any material change in the brain. Now it really seems to us that Louis is correct, though we see no sufficient reason for his urging the point so much. We have no doubt that no delirium would have existed had not the man been affected with pneumonia. Just so does Louis regard the delirium in typhoid fever; believing, as he does, that the lesion of the alimentary canal is as characteristic of the typhoid disease, as hepatization is of pneumonitis. In one sense, pneumonia was the *cause* of delirium—yet how different our ideas of causation when it is regarded in this light, from those previous causes which give origin to the whole phenomena of disease; and upon these, hear what Louis says. "The deepest obscurity hangs over the causes of the affection under consideration."—(*Vol. 2, p. 393.*)

Below we have another specimen of our commentator's unfairness, with either a disposition to lead the reader astray, or great carelessness in quotations. After quoting from the Typhoid Fever (*Vol. 1, p. 152*), "that Louis thinks that the symptoms of disease of the stomach are very obscure"—and in another place "that the mucous membrane of the stomach was more or less seriously altered in the greater proportion of cases," Dr. Paine triumphantly compares them with another passage (*Vol. 2, p. 131-2*), and thinks he has discovered an inconsistency between it and the two previous ones. This sentence is as follows: "It is nearly correct to state that the apparent condition of the brain cannot explain the symptoms of which it is the source, any more than the mucous membrane of the stomach can account for the anorexia and other gastric symptoms in the great majority of cases." Now the reader may think that there is inconsistency. Let him read the following, from *Vol. 2, p. 39*. "Thus we see that out of 30 subjects from whom I was able to learn anything about the gastric symptoms, twenty had vomiting, nausea, or pains in the epigastrium, and out of these only eleven had any serious alteration of the mucous membrane of the stomach"—in other words, a proportion of one half had symptoms, but no corresponding lesion. Dr. Paine should have quoted this passage, and not have brought together two sentences upon entirely different subjects. But this, as we have already frequently seen, is but too often the course pursued by Dr. Paine.

We are almost fatigued with the numerous instances of unfairness—

but the following extract affords another specimen. Louis, from examination of the heart, thought it was not inflamed, and he describes it thus. "*At the same time that it was softened, it had less color than usual in many cases. It was of an onion-peel color, which varied in intensity, and* (was generally livid and purplish on its surface as in its substance. The internal face of the ventricles and auricles was, on the contrary, of a deep violet red color) *which color sometimes penetrated beyond the lining membrane, and appeared owing to an imbibition of blood, which it resembled more or less in color.*"* Afterwards he states that the walls were thinner than usual. Hence he concludes that inflammation did not cause this affection. But Dr. P. quotes the part of the sentence only that is included in the above parenthesis, and when Louis says "that if we know any cause of disease directly the reverse of inflammation, it would be proper to refer this softening to it," the commentator says "our author refers to the absence of pus in the walls of the heart, as a special proof of the foregoing doctrine;" whereas Louis uses this fact, and likewise the non-existence of pericarditis in any of the cases, as merely considerations to support, in some measure, his previous arguments, and which to any fair mind are sufficient. But, as we have seen in the case of analogy, Dr. P. takes what Louis uses as merely supplementary to the main argument, and puts it forth as the chief groundwork.

Here is another specimen of the misstatements by our commentator. We are sorry to be obliged to use such terms towards a medical associate, but nevertheless the truth must be told in this case at least, let it be never so pungent. Dr. Paine (p. 703) attempts to convict our author of something worse than inconsistency in stating that softening, thickening and ulceration may occur without inflammation, when tubercles exist in the alimentary canal; and in order to gain this end, Dr. P. makes these remarks. 1st, His inductions *are founded wholly upon the debris of the body*; 2d, The inductions rest chiefly upon the fact that the foregoing alterations in structure are white in one case and red in the other. And after two or three pages of quotations from Louis's writings, in which additions in the way of comments and subtractions are made to suit the fancy of the commentator, he finishes with a quotation from Cowper's Conversation, and applies it to the "Numerical Method."

"Such continual zigzags in a book,
Such drunken reelings, have an awkward look,
And I had rather creep to what is true,
Than rove and stagger with no mark in view."

"This may be very philosophical;" but let us see *how* our commentator has convicted Louis of inconsistency on this subject. In regard to the first statement above, I would ask how, *à priori*, without "examination of the debris of the body," can we determine upon the existence of inflammation of an organ under the skin? How originally did we arrive at the idea of hepatized lung, except by post-mortem appearances, or, as Dr. P. says, "from the debris of the body?" The symptoms might

* Italics our own, in order to mark what Dr. Paine suppressed.

lead us to *infer* the phenomena of inflammation, but we never could do so unless from previous study of the parts in an inflamed state, and a comparison of this state with the symptoms. So much for this; and with regard to the second, we join issue entirely, and declare that Louis never did propose to decide that a part was *inflamed* from the existence of redness merely. Moreover, as we deny the premises, so we deny all the inferences drawn therefrom in reference to the credibility of Louis; for we beg the reader to observe that Dr. Paine accuses our author "of occasional guarded contradictions," for the purpose of gaining "a reputation for candor," as "that more effectually secures to him a successful propagation of his favorite, though conflicting hypothesis."

This subject will occupy considerable space. Let us first quote from the commentator, and afterwards compare with it Louis's remarks upon the same subject at the latest period of his life, viz., when writing his work on the typhoid disease.

"Here we pause to consider how far our author has supplied any ground for his principle that softening, thickening and ulceration, of different tissues, sometimes depend upon inflammation, and at other times on an 'exactly opposite condition of disease,' and what, also, is the probable motive for introducing this confusion into the most important branch of pathology.

"In the first place, the inductions are founded *wholly upon the debris of the body*. There is no where, that we have been able to discover, any essential reference to the phenomena of the disease during its actual existence. Even the remarkable similarity of those phenomena appears not to have been held in consideration, in forming the conclusions. Secondly, the inductions rest chiefly upon the fact that the foregoing alterations of structure are *white* in one case, and *red* in the other.—(P. 548, *Andral*.) This may be very philosophical; but let us see what our author thinks of it when he is engaged in reasoning the reader into his problem, and in supplying the appearance of an impartiality which never fails of a prepossessing influence, and carries us along with greater confidence to the never-failing act of generalization. But we have even more than this—a direct contradiction of his own philosophy as it respects the *very important* tests of color, by which our author comes at last at the conclusion that the foregoing lesions are owing in 'the typhoid fever,' at different times, to exactly opposite pathological conditions. Thus: '*Paleness of inflamed structures takes place sooner or later, as is exemplified in the various shades of color of hepaticized lung.*' 'It ought to be noticed, that continuous with a red and softened portion of mucous membrane, we often find another equally softened, but *without redness*. *If the first, therefore, is inflammatory, it is probable that the other is also.*' Here, too, he allows that 'thickening of the sub-mucous cellular tissue' was 'an evident result of inflammation,' although 'recent' and 'retaining its natural paleness.' Whereupon, our author lays down a rule which it was convenient to abandon in expounding the lesions of 'the typhoid affection.' Thus: 'This fact [the foregoing], with *many others*, shows that the thickness of our tissues is one of the most important circumstances to be noticed, and

that to *confine ourselves to the description of the color of membranes is often useless and even a cause of error to those who might draw conclusions from imperfectly described facts.** And again, in his *Preface*, 'redness, considered by itself, offers much less interest,' than '*thickening, softening,*' &c.

"Such was the opinion of our author when reasoning abstractedly upon the results of inflammation, in his work on Phthisis. But, he was also simultaneously engaged about 'the typhoid affection;' and hence we have in the work on Phthisis some ambiguous conclusions as to the dependence of the foregoing lesions of structure upon 'exactly opposite conditions of disease,' as their color might happen to be *red* or *white*. When, however, we come to the work on Typhus, the obscurity is cleared up; and, in a general sense we are told that *red* and *white* must be taken as the ground of an absolute distinction between the pathological causes of such lesions of structure as may be otherwise in all respects alike, and characterized by the same vital phenomena. Nevertheless, it was important to attempt a consistency of doctrine with what had been laid down in the work on Phthisis; and this could readily be done by those occasional guarded contradictions which give to an author a reputation for candor that more effectually secures to him a successful propagation of his favorite, though conflicting hypothesis. Having said this, we are now bound to cite an instance in illustration; and this we do the more readily, as it exhibits, in connection with what we have hitherto quoted from our author, the true foundation of the new philosophy in respect to inflammation and its products, and explains how far morbid anatomy, and specific objects, have been the source of certain existing collisions with the fundamental laws of nature. Thus, then, our author: 'I refer to the sub-mucous membrane of the large intestine, which was very firm, and at least *six times thicker* than natural, and of a *whitish* color. This *thickening, we cannot doubt, was consequent upon an inflammation of the mucous membrane*, but not recent, for the *white* color is inconsistent with the idea of *acute* inflammation.'† The reader should here regard in their proper connection and in volution, the expressions, 'but not recent,' and 'acute inflammation.'

Let us now see the reverse of Dr. Paine's picture. Under the title of "Consistence of the mucous membrane of small intestine," Louis says:‡

"But what was the nature of this softening? We can solve this question only by comparing together the thickness, the consistence, and the color of the mucous membrane, about which we are now treating. Let us now examine the elements of this question thus brought into comparison with each other.

"In 8 of the 12 cases in which the softening existed to a greater or less degree through the whole track of the intestine, the mucous membrane was pale or greyish; it was more or less red in the others, at the end or in the latter half, or through the whole extent of the ileum, and the softening was not greater in the latter cases than in the former. There was manifest thickening in two cases only, in which the mucous membrane was white, or had merely some pale red spots in some points.

* On Phthisis, sec. 135, 136. † On Typhoid Fever, Vol. II., page 280. ‡ Ibid., Vol. I., p. 170.

What deduction shall we make from these facts? Must we admit that the white and red softening have each their own causes, the one wholly different from the other? that one is of an inflammatory and the other of a different nature? This question, which I stated in another work (Phthisis), without being able to decide it, seems to me may now be decided affirmatively, at least, in certain cases. For if it is true that softening is the ordinary effect of acute inflammation, and that, when we find redness, thickening and softening combined, inflammation is certain to have existed, and that when the softening and redness exist without thickening, this is still probable; it is not, by any means, probable when the softening is found under different circumstances, that is to say, without redness and without thickening. Any other view of the subject appears to me incorrect, until it be proved that nature has only one mode of producing the softening of which we are speaking, and the contrary seems to me positively established with regard to the softening with diminished thickness of the mucous membrane of the stomach, and of the corresponding cellular tissue, as we have stated previously, and, as we shall see shortly, this is the case in other organs, in many cases. I am far from admitting, therefore, that the softening of the mucous membrane of the small intestine is always inflammatory; on the contrary, it seems to me necessary to admit that it is of an entirely different character in certain persons."

Again, in connection with the above, he says (Vol. I, p. 170), "One of these, redness, thickening, or softening, is not, when alone, sufficient to prove that inflammation existed."

Compare these quotations from Louis's works with what Dr. Paine says of Louis in the quotation above, viz., that "the inductions rest chiefly upon the fact that the foregoing alterations of structure are white in one case and red in the other."

Thus we believe that we have refuted the second of our commentator's statements. It is very singular, but almost constantly the grossest misconceptions and misstatements made by our commentator in regard to M. Louis's views, we are able to contradict from some personal conversation we have had with the French physician. Usually it would be scarcely worth while to mention these incidents; but we cannot forbear stating the following, as it is so directly connected with our subject. We had read a paper in his presence, and in describing the state of the mucous membrane, we stated merely the *color*. Louis, with his characteristic frankness, declared "that *color alone indicated nothing*—we ought to have described the thickness, consistence, &c., of the part, and therefore our description was really of no kind of value."

But we would ask whether Dr. Paine, learned as he is, is really willing to say that softening must always be the effect of inflammation. Let him read John Hunter and Dr. Carswell, and he will have proof enough to the contrary; and he will find that softening of mucous membranes is not an uncommon result of causes wholly the reverse of inflammation.

[We unexpectedly find that the remainder must be deferred till next week.]

TREATMENT OF DISEASES BY COLD WATER.

THE following remarks are from the Philadelphia Medical Examiner, and are introductory to some extracts from a new work, entitled "Manual of Hydrosudophy, or the Treatment of Diseases by Cold Water, Sweating, Exercise and Regimen; according to the method employed by V. Priessnitz at Graeffenberg. By Dr. Bigel.

"Within a few years past a novel method of treating disease has attained considerable notoriety in Germany, and may be regarded as the successor of Homœopathy. It is the treatment of all diseases by cold water. It matters little what the disease may be, the same curative method is applicable to it, with some little variation in the mode of its administration, but still the essential agent is the same—that is, pure and cold water.

"In acute diseases, cold water has been long used as a powerful adjuvant to other methods of treatment; rarely, however, has it been resorted to without the agency of some more powerful and more regularly admitted pharmaceutical agent; the new method is, therefore, little more than an extension of what was previously known. But in chronic diseases the case is different; water is not often resorted to, except in the form of mineral water, or of some pitisans which contain but a small proportion of medicinal substances, compared with the whole bulk of the remedies;—in these cases the active part of the remedy is of course the water. By the new method no medicinal substance whatever is used: the treatment is conducted simply by cold water, used both internally and externally, and profuse sweating. The sweats are not produced by warm drinks, or by any artificial heat, but by ablution with cold water, and afterwards by immersion in a cold plunging bath.

"Many local affections are treated by compresses wrung out of cold water, or by the spout-bath; while the same agent is used in a different way as a revulsive—that is, by immersing the feet in the water, and covering the vessel closely, so that the water becomes gradually heated, and acts as a warm pediluvium.

"A method of treatment of this nature is necessarily most powerful, and is attended with too much trouble and positive suffering to be largely resorted to after the novelty of its introduction is past. Thus far it has met with much favor; it is a most powerful alterative, and has probably been used with more discretion than will be practicable if it should be introduced into general practice. That the treatment must either do much good or harm is obvious: the thorough saturation of the system, with the copious draughts of water which are forced out at every pore by the profuse sweating, renews, as it were, the whole body, and gives a new impetus to the function of nutrition. Hence, in many chronic, and even acute diseases, which are scarcely to be reached by ordinary medication, we may find the results equally unexpected and gratifying.

"In our practice, we are in the habit of using cold water, both internally and externally, to a much greater extent than any of our professional brethren whose practice we have seen: and although we have

never ventured to recommend a plan of treatment which even approaches the severe regimen of the hydrosudopathy, we are not surprised at its results; for we have often succeeded in curing chronic diseases which had exhausted the *materia medica*, by the free use of cold water. It is true we have rarely combined it with sweating; and we have not, as a general rule, given it internally with as much freedom as we could desire, as the majority of patients submit much more readily to affusions and baths, than consent to drench themselves with the abundant draughts necessary to produce the full alterative effects of the water. The boldness of the peasant Priessnitz may lead to a more extended use of the simple remedy which nature supplies with so much liberality, while a correct examination of its powers and dangers may restrict it within the limits in which it is of undoubted utility, and free from mischievous consequences."

It seems that in diet Priessnitz is not so abstemious as some of the professed friends of cold water in this country; as from a description of his establishment, by M. Gross, we find that at dinner there were served "soup, beef, veal, mutton, pork, poultry, with salad, and, what particularly struck me, enormous cucumbers, cooked with salt, which are here the order of the day. No other vegetables but cabbage and sourcroot; fresh butter for dessert. Every one at table drinks a great deal of fresh water; from twenty to thirty glasses a day are the ordinary amount."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 16, -1840.

MEDICAL SCIENCE IN THE VALLEY OF THE MISSISSIPPI.

A CORRESPONDENT writes that the removal of Drs. Drake and Gross from Cincinnati to Louisville, Ky., makes a perceptible change in the medical character of the former city. He apprehends that Louisville is to be the point of medical attraction, unless Lexington prevents it by counter efforts. An intimation is thrown out that the physicians of Louisville intend making a stir before the next Legislature, in relation to the school, which seems not to be particularly a favorite with them.—We are also informed that the rhinoplastic operation spoken of heretofore, as having been successfully performed at Cincinnati, turned out not to be entirely satisfactory, and it has been repeated more than once on the same patient.

Medical Lectures in Baltimore.—A correspondent writes from Baltimore that Prof. Hall delivered a very interesting discourse, Sept. 6th, and represents him to be particularly well qualified for the chair of Obstetrics, Hygiene and Medical Jurisprudence. Dr. Smith's introductory is also well spoken of. It seems by this, that the lectures in the University of Maryland have commenced this season much earlier than usual. The *Medical Almanac* says that the annual course commences on the *last Monday of October*—and the information was derived from the circular of last

year. "You will see," says the letter, "that this institution has been greatly depressed, but she seems to be rising again. The prospect now is quite flattering. There is a spice of jealousy between the two schools in this city."—A considerable number of cases of erysipelas are spoken of as existing in Baltimore at the present time.

Lectures on Medical Jurisprudence.—Our old and long-tried friend, Stephen W. Williams, M.D., is about publishing an abstract of his instructive lectures, ostensibly for the use of students. Having been many years in collecting the most ample materials, he cannot fail of being successful in the undertaking. About a dollar book is contemplated, which will soon be in readiness for the printer. Dr. Williams holds the chair of Medical Jurisprudence in two or three medical schools, we believe, at the present time.

Review of Dr. Gross.—The manuscript of a critical analysis of the late work by this gentleman, has been received, and will have an insertion as soon as a few other papers which have been some time on the table, are disposed of. The effect of these critical examinations has an important influence, which is felt through all the avenues of authorship, and we are gratified, therefore, to perceive that the number of close readers and able critics of native medical books, is certainly increasing.

Fairfield Medical School.—It is reported that the faculty have wholly abandoned the idea of giving a course of lectures at Fairfield the present season. No very strong reason has been given for this resolution. Formerly it was a very flourishing country medical institution, where many excellent physicians and surgeons were educated.

Dieffenbach on the Division of Tendons.—In the treatment of torticollis, M. Dieffenbach sometimes divides the sternal portion, sometimes the clavicular portion, and occasionally both origins of the sterno-cleido-mastoid muscle, when shortened. If the patient be young, the head immediately becomes straight after the operation, and a cure is obtained in a few days; and, in most cases, the lateral curvatures of the spine, which accompany torticollis, disappear gradually. The section of the muscles and tendons connected with the knee-joint, has been frequently performed by M. Dieffenbach with the greatest success; in one case, that of a boy ten years of age, the joint was so much contracted that the heel was in contact with the buttocks. In the more complex and difficult cases, which are often classed together under the name of *spontaneous dislocation* of the hip, very great benefit has been derived from the section of the shortened muscles or their tendons. Contractions of the upper extremities, and of the fingers from rheumatic or gouty affections, were frequently cured by division of the tendons; and M. Dieffenbach remarks that these deformities are generally cured with much greater facility, than analogous lesions of the lower limbs. In two patients, laboring under organic disease of the brain, which had occasioned permanent flexion of the forearm, with spasmodic contraction of the fingers on the palm of the hand, M. Dieffenbach divided the tendon of the biceps, flexor carpi radialis, flexor carpi ulnaris and flexor digitorum. A remarkable improvement was obtained, and the

patients were enabled to grasp and hold objects of a certain size. Finally, in 400 operations which have been performed by the author, he has never seen any nervous accidents, hæmorrhage, or troublesome suppuration, produced by sub-cutaneous division of the tendons.—*London Lancet*.

On the External use of Living Ants (formica rufa). By Dr. SCHREIBER, of Russia.—The summer division of the author's hospital lies in a wood, where there are so many ant-hills, that the thought struck him of drawing some advantage from them for his patients. As ant-baths and tincture of ants were of no great use, he tried the living insects in paralysis, hemiplegia, paresis and inveterate arthritis. The ants are to be taken directly from their hill, and put in a bag; and this bag is to be tied over the limb in such a manner that the ants cannot escape (but obtain access to the skin). Some time after their application to the paralyzed limb, the patient begins to feel the running and biting of the ants, by which they gradually excite a kind of electrical twitches, and a feeling of warmth, which gradually extends over the whole body. Moreover, by their ethereal principle, they cause as violent a perspiration over the whole body, as if the patient were in a vapor bath. The paralyzed part must be kept in the bag with the ants for two or three days; the patient is then to rest for a day, after which the ants are to be applied again; and this is to be repeated till the object is attained. In 1835, Dr. Schreiber obtained a favorable result in seven cases of paralysis; in 1836, in four; and in 1837, in three; by which he was encouraged to use the same remedy in chronic rheumatism and gout. It is unnecessary to remark that this remedy alone cannot be of much service, if the case is complicated with syphilis, scurvy or scrofula; but the military hospitals have plenty of uncomplicated cases, and in three years 46 patients under this head were cured.

Dr. Schreiber now began to use the remedy in dropsy proceeding from inactivity of the skin. In anasarca it was found sufficient to tie up the lower extremities in bags with living ants, and thus obtain profuse sweating and a cure. This method of treatment, supported by gentle purgatives and sudorifics, succeeded in 24 cases.—*Lon. Med. Gaz.*

Nasal Polypus cured with Sanguinaria Canadensis.—Being lately in Newark, Ohio, Dr. Brice, for more than thirty years a respectable practitioner of that place, narrated to us three cases of polypus of the nostril, which he had permanently cured by the application of the root of the *sanguinaria canadensis*. One of the patients was a youth, in whom the polypus projected out of the nostril. A physician in a neighboring town tore away a part or the whole of it, and the operation was followed by a profuse hemorrhage. Some time afterwards the doctor saw him, and the polypus again extended beyond the *alæ nasi*. The application of the powdered root and the decoction of the *sanguinaria* soon caused it to assume a pale color and shrink up. Under the continued use of the medicine he entirely recovered.

Another patient was a little girl in whom the polypus was distinctly seen, but it did not present itself entirely. The same applications effected a radical cure.

A third was a man rather advanced in life, whose nose was much obstructed by the size of the polypus, but it did not descend to the lip. It was permanently removed by the same treatment.

We do not recollect to what extent the sanguinaria has been employed in the treatment of polypus, and are writing these memoranda remote from all books of reference. Should the reader be already familiar with the use of this remedy, he cannot charge us with prolixity in this testimony of its efficacy.—*Western Jour. of Med. and Surg.*

Operation for Strabismus.—We learn that Dieffenbach's operation for strabismus has been performed by Dr. Hays, of Philadelphia, in three cases, and promises to be successful. D. H. states that the immediate effects have been exaggerated, but that an important benefit results in the great improvement of vision, which is not mentioned by foreign operators.

Number of deaths in Boston for the week ending Sept. 12, 60.—Males, 29—females, 31. Stillborn, 2.
Of consumption, 4—dysentery, 8—canker in the bowels, 3—infantile, 5—dropsy on the brain, 1—typhous fever, 3—hooping cough, 3—lung fever, 4—diarrhœa, 1—sudden, 1—intemperance, 2—cholera infantum, 4—cancer in the womb, 1—delirium tremens, 1—canker on the lungs, 1—cancer, 1—old age, 1—teething, 3—hydrocephalus, 1—paralysis, 1—cramp, 1—quinsy, 1—cholera morbus, 1—rheumatic fever, 1—scarlet fever, 1—dropsy, 2—inflammation of the bowels, 1—bowel complaint, 1—suicide, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held at their rooms, rear of the Athenæum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.
S 16—lm GEO. W. OTIS, JR., *Rec. Sec'y.*

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by - - - DR. PERRY.

Midwifery, Materia Medica and Demonstrations on } - - - DR. BOWDITCH.

Morbid Anatomy at the Hospitals, by }

Anatomy, Surgery and Medical Jurisprudence, by - - - DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 412 Washington st.,

DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—coptf.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.

2. GRANVILLE S. PATTISON, M.D., Anatomy.

3. JOHN REVERE, M.D., Practice of Medicine.

4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.

5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.

6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

Philadelphia, July 15, 1840.

A. 26.—1N1

JOHN REVERE, M.D.,
Dean of the Faculty.

ORDERS FOR GOODS FROM PARIS.

THE subscriber intending to remain in Paris for a year or two will be happy to attend to any orders, of large or small amount, for physicians or others, who may want of books, instruments, minerals, &c. &c. Reference to Dr. Martin Gay, and Nathan Hall, 4. Directions may be left with Mr. Foster, at the Courier Office, 4 Thorncliffe's building, Congress square, Boston.

Sept. 5.

S 9—3t

J. H. BUCKINGHAM.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.
RUFUS WYMAN, M.D.
GEORGE C. SHATTUCK, M.D.

JACOB BIGELOW, M.D.
WALTER CHANNING, M.D.
GEORGE HAYWARD, M.D.

JOHN RANDALL, M.D.
ENOCH HALE, M.D.
JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 5th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Channing, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verité est dans les choses, et non dans mon esprit que les juge." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the pathology and treatment of medullary sarcoma," with the motto, "On observe la nature; on ne la devine pas."

The following prize questions for 1841, are already before the public, viz.: 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances? 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, Secretary.

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840.

A 12.—4t

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVES, M.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840.

Jy 29—6t

CHARLES HOOKER, Sec'y.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HAYWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

Boston, July 6, 1840.

Jy 15—tN1

WALTER CHANNING, Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 151 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage to be paid as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII. WEDNESDAY, SEPTEMBER 23, 1840.

No. 7.

SINGULAR DISEASED CONDITION OF THE BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was sent for to see a patient, a female, æt. 49, on the evening of the 4th of Sept. (Friday). I found her apparently in great agony. She referred her pains to the stomach and bowels. Observing she was unusually large, I inquired if she had a family (not being acquainted with her), and was informed she had never been married. She had eaten, in the course of the day, green corn and grapes, and to these her sufferings were imputed. All my endeavors to relieve the patient were without effect, and about 11 o'clock, P. M., another physician was called in consultation. We could give no alleviation. At times she did not audibly express her pains, owing to exhaustion. The constipation was most obstinate. On Saturday afternoon, after applying turpentine to the abdomen and giving it inwardly, she had three copious evacuations from the bowels, attended with the most excruciating pains. She brought away some of the corn and grapes which had been eaten. About a pint of urine was passed a few hours previous to the stools, presenting a muddy, brownish sediment. She had little or no alleviation of pain, and died on Saturday night, at 10 o'clock, after severe suffering of 29 hours.

I had permission to examine the body, and on Sunday morning (6th inst.), in presence of some of the friends of the family and two young gentlemen (medical students), the body was opened.

The abdomen generally full and rounded, no umbilical depression, sounded dull. I could not discover the presence of a fluid in the abdomen during life, but on pressing it or striking it gently as the subject was extended before me, a hard resilient substance could be felt, as if floating in the abdomen. The integument was divided, and nearly half an inch of fat was found over the recti muscles. On laying open the abdomen, I found it nearly filled with what, at first glance, appeared like the uterus in an impregnated state, extending nearly up to the scrobiculus cordis. The intestines were closely pressed together by this large mass, which was evidently full of fluid, and exceedingly tense. I opened it, and a mass of hair and fat, about the size of the head of a full-grown fœtus, was found floating in a muddy, chocolate-colored fluid (similar to the sediment above mentioned in the urine). This was baled out, and, according to the estimation of those present, there could not be less than two gallons. This appeared to be the bladder; it was

removed and set aside for a few minutes. The uterus was then taken out and examined. It was about $2\frac{1}{2}$ inches long, and $1\frac{1}{2}$ in breadth; the right Fallopian tube, ligaments, &c., were perfectly distinct; the left ovary was not perceptible, and the Fallopian tube and ligaments were somewhat vascular, and towards the extremity engorged with blood. The peritoneum was inflamed more or less throughout its whole extent. The intestines contained some undigested corn, and were flattened and pressed together in a very unusual manner. But it is not necessary to enter into particulars, as the object of this communication is to notice the state of what appeared to be the bladder.

The large mass of hair and fatty matter before mentioned first drew my attention. It was composed chiefly of hair, and when cut into showed that it was denser towards the middle, with less adipocire. A pedicle of hair, more than a foot long, passed from it to the base of this cavity, as the bladder was divided into two parts, but there was no appearance of any division on the outside. Hair seemed to grow from some hard, bony substance in the smaller cavity, and to pass out of that through orifices into the upper cavity; there was evidently some communication between them. The lining membrane of the upper cavity is mottled with black and white patches, and at the lower part a very vascular strip of membrane, about half an inch wide, passes from one side to the other. A little bud springs from this, as if the membrane had been pinched up between the fingers and twisted; from its extremity hair is also growing. The neck of the bladder communicates with the lower portion, which is in some places of a cartilaginous hardness, and bony. The ureters are healthy. I could not pass an instrument very far into the bladder, as the passage is probably sinuous. In the upper cavity an isolated piece of bone, impacted in the substance of the bladder, also gives out hair. It is altogether a very singular production. It is now in my possession, and can at any time be examined. It may be that an ovarian tumor is in some way connected with this.

I know nothing of the previous history of the subject, further than that about 33 years ago she had a severe attack of sickness of some kind, and from that time her shape evidently altered. Her general health was not good; her countenance sallow, and she was subject at times to "ill turns."

J. HARPUR.

Sandwich, Sept. 7th, 1840.

DR. PAINE'S MEDICAL AND PHYSIOLOGICAL COMMENTARIES.

[Concluded from page 98.]

WE pass over many pages, and come to the following passage. Dr. Paine says (p. 728), "But, says our author, 'the tongue was almost always natural.' Now this, and all that follows in immediate connection with it, is contradicted by every one of his exemplifying cases." The last part of Dr. Paine's remark is very true, because, forsooth, he has misquoted Louis, and the facts in Louis's book, of course, do not agree with his commentator's false statement. But let us see the facts. Louis

states the results of his examination of the tongue to have been as follows: "It was almost always natural," in 19 cases; almost constantly of a more or less vivid red at its edge, rather frequently dry at apex and centre, in 9 cases; almost constantly dry and coated brownish, but rarely of a bright red, in 8 cases; more or less thickened, cracked or furrowed deeply, in 3 cases; and was covered with a pultaceous whitish coat, in 2 cases." In other words, in more than half the cases the tongue was *unhealthy*. Dr. Paine's own carelessness or want of candor has led him into an important error. At the commencement of the chapter, Louis says—"Elle fut presque constamment dans l'état naturel; c'est à dire, sang rougeur, humide, et quelquefois seulement jaunatre et blanchatre chez dix neuf sujets." In Bowditch's translation we find it thus—"It was almost always natural; that is, it had not any unnatural redness, it was moist, and was at times only a little yellowish and whitish in nineteen patients."

What can we think of the candor of such a writer, when he takes the first line of a sentence and makes pages of commentaries upon an isolated assertion, without ever deigning to look at the context to learn the real meaning of the author? Our commentator may complain that the sentence was badly constructed. We affirm that this is no excuse; for, in the original, the meaning is perfectly plain, if the punctuation in the translation is faulty. Moreover, if Dr. P. had taken the trouble to read through the chapter, which evidently he never has done, he would have found that Louis tells him, "the tongue was natural or nearly so in a little less than half the subjects." (Vol. 2, p. 73.)

When a man proves false in one position, we suspect him in regard to others; but we have already quoted enough to prove that Dr. Paine was utterly unfit for the task he has undertaken—that nothing but a great want of self-knowledge, to use the mildest term, could ever have induced him to throw out before the world such criticisms as now lie before us. We may seem to be unduly severe, especially as our commentator tries to be very good humored, nay, almost witty, and says he has "laughed at" the various errors that are prevailing, and yet he "has no cold-blooded envy of their champions." Yet we think there is something more than raillery in such expressions as the following, which Dr. Paine uses when speaking of Louis, viz., "he is warped by an ambition which knows no road to fame but over the ruins of others," &c. The duplicity of "the Frenchman" is likewise perpetually rung in our ears. How very probable it is that a man would throw aside his practice and devote himself for seven years to a task for which ridicule was for a time his sole reward—how very probable, truly, that such a man wished to play a double part; and "that nothing fats him but other men's ruin"! Yet such are the epithets bestowed, with no sparing hand, upon Louis by Dr. Paine.

Having thus far acted on the defensive, we feel disposed to try the opposite course, and shall quote some specimens of the results of our author's mind as applied to medical researches. He lays down his propositions, however absurd they may be, as if he meant, without further ado, to have all men reverence them as the *ipse dixit* of a great father

in medicine. Observe, for instance, the following: "Place side by side, the victims of enteritis and typhus fever, and, forgetting the tokens by which they were once distinguished, our scalpel may reveal nothing but one perfect coincidence in morbid lesions. Each may have his 'rose-colored, lenticular spots,' his 'sudamina,' his 'ulcerated epiglottis,' his '*specific* alteration of the glands of Peyer,' his 'intestinal perforations,' and even his 'meteorism;' all, and each one of which, being assumed as pathognomonic of typhoid fever, places our science, according to our author, in a state of 'infancy.' *And so our author farther on.*" (P. 710.)

What consummate folly! What insufferable dogmatism! We want nothing more than this to prove that whatever our author may be as a reader, he has had little practice in medical investigations, and that his learning is of the closet. The passage, however, needs no commentary. Dr. Paine has completely answered himself—and perhaps the citation of this passage would have been a sufficient *review* of the whole book. To our mind it shows most conclusively the exact character of Dr. Paine's intellect.

We cannot forbear, however, quoting one or two passages more, in order to expose still farther the peculiar character of Dr. P.'s commentaries. So desirous is he, and so confident is he likewise, of "sapping the foundation of the numerical system," that he declares that not one of Louis's cases are entitled to the least credit—because, forsooth, Louis had to trust to the memory of his patients in regard to the early history of their cases. Now really this is almost silly, and if our commentator were not so *very learned*, we should apply the epithet to him. Pray did not Louis see and examine the patients daily after entrance? Moreover, suppose Dr. Paine had been the observer—how would he have learned about the previous history, except from the patient and his friends? The argument, as is unluckily the case with others used by the Dr., goes too far; it is a two-edged sword, and applies as well to his own methods as to Louis's. Perhaps Dr. Paine, with his favorite rule of analogy, would determine from the latter symptoms of disease, what the earlier ones were! We have said the argument is a two-edged sword—but to carry out the metaphor, we must add that it is very dull at both edges. Really we wonder at the folly which led him to use it. But supposing every one of Louis's cases were inaccurate, we cannot see how the "foundations of the numerical system" are "sapped" thereby. The system does not rest upon Louis or any other man. Thank heaven, no truth rests upon one man alone!

But again—and to this extravagance of our commentator we beg special attention. Will it be believed that any man at all acquainted with the history of fever could be so strangely deluded as to say that those phenomena which have been presented to the world by Louis as the anatomical characteristics of fever, and confirmed as such by men like Chomel and Jackson—can it be believed, we repeat, that any intelligent American would state that these lesions cannot be known, because all the organs in Louis's cases were in a state of putrefaction when the examination was made? Had any one asserted this in our presence,

we should have considered him either as a madman or a jester. Yet Dr. Paine has actually printed it—as the following quotation proves. “And we purpose showing, by his statement in this particular, that his cases cannot be allowed to form the basis of any of the pathological conclusions at which he arrives. The objection consists in the lateness of the period after death at which cadaverous examinations were made; since absolute putrefaction must have advanced considerably in most of the subjects, and ‘meteorism’ must indeed have become formidable.” (P. 798). After this remark, follows a table, whereby it appears that Louis allowed (average time) 29 hours and a little over to elapse before making his autopsies. It is true that the commentator applies this reasoning to certain views which *he says* our author has about the non-inflammatory character of the lesions—but the argument proves too much, viz., that the observations themselves were wholly worthless. If, as the Dr. says, he has before proved that Louis “had no just knowledge of the symptoms” (p. 798), and now is satisfied that the post-mortem appearances are nothing but “such a light as putrefaction breeds” (p. 799), why then we must yield the point, and confess ourselves humbled and covered with shame—for we have really believed that though Louis has some errors like other men, still he is not a complete dunce. Moreover, he has noble companions—Chomel, Jackson, Hale, &c., for they have arrived at the same conclusions that Louis has in regard to the pathological appearances. How utterly absurd for Dr. Paine to write thus! Louis knows nothing of the symptoms of fever, and as for his pathology, it is all dependent upon putridity! Most men would have been afraid to make such bold assertions. Old *Æsop* comes up before us, and suggests as an illustration of the relative position of our commentator and the object of his criticism, the poor conceited frog and the ox. The former, foolish thing, burst himself when at the height of presumption. So it seems to us that our commentator has done by this last specimen, this climax of his folly.

Finally, we must thank Dr. Paine for one thing, viz., his long-continued protest against an error which we allow is gaining ground, the neglect of the rational signs, while very great attention is paid to the physical ones. This is very pernicious, and needs a protest from every lover of truth. But we do not accuse Louis of being the author of this error. It is the fault of the age. Louis examines with minute care every symptom he can think of, and no one who was acquainted with him would ever accuse him of doing otherwise.

We have now finished a catalogue of a few of the unfair statements and strange dogmatisms of Dr. Paine. We have sometimes regretted that we had undertaken the task, for we have felt that by his extravagances and his Dr. Pangloss method of quoting, he would bring “the bane and antidote” in his own pages. The only circumstances that induced us to do thus much, were those misstatements of Louis’s views which exist throughout the Commentaries, and of which we have given to the reader merely a portion. We might make more numerous quotations, and likewise might enter into a labored defence of the numerical method; but inasmuch as that method would not be materially inter-

ferred with, even if all that Dr. Paine says of Louis's works were true ; inasmuch, moreover, as Dr. Paine does not in fact bring a single argument against it, except what he calls the hasty generalizations of one man—we shall say nothing upon the subject. We wish, however, distinctly to state that we coincide entirely with these remarks by Dr. Jackson, in his Appendix to Louis's pamphlet on Bloodletting, page 170—and we extend them to all of Louis's works ; least of all, however, to his last, viz., on Typhoid Fever.

“ In conclusion, many readers may ask if it is thought that the researches, of which this volume contains the results, are to be considered as leading to any positive conclusions. Certainly not. M. Louis has done us great service in stating his own accurate observations. They must have great weight in the minds of reflecting men. We have added all the observations that we have of sufficient accuracy to be compared with his, which will be received for what they are worth. The whole are to be regarded as materials, to which others are solicited to make additions from time to time ; that, at length, so many cases, impartially collected, may be brought together, as shall justify entire confidence in the inferences to be made from them. Ten hospitals, under the care of honest physicians, may settle the questions discussed in this work within five years, so that our posterity will not for ages be able to make any material correction in the answers. Seasons and epidemics will vary, no doubt ; but the general laws will be found the same, and little else would remain for future ages than to settle the allowance to be made for disturbing forces.”

LOBELIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS plant is so named in honor of M. de Lobel, a distinguished botanist of Germany. It is the generic name of a family of plants in the Linnæan system ; class *Pentandria*, order *Monogynia*. The species *syphilitica* and *inflata* have long been thought to possess important remedial properties.

Lobelia syphilitica.—The blue lobelia, of the pharmacopœias. This is a perennial plant, having blue blossoms ; blossoming in July, and growing to the height of from 2 to 3 feet. “ Erect, simple, hirsute, with short hairs ; leaves lance-ovate, sub-serrate ; raceme leafy ; calyx hirsute, with reflexed sinuses.” (Prof. Eaton.)

This was used by the Indians for the cure of syphilis, and from this circumstance it has taken the specific name of *syphilitica*. They considered it a specific in that disease, and it was a long time kept by them as an important secret. Sir William Johnson at length purchased it of them, and afterwards published it to the world. The Indians used it in the form of a strong decoction taken in the morning, fasting, and repeated in the evening. The dose was at first small, and gradually increased until the cathartic action became too violent, when it was to be omitted for a day or two, and then resumed. During its internal use, the ulcers

were to be washed with the same, and a light regimen was enjoined. If the ulcers were very bad, they were to be sprinkled with the powder of the inner bark of the New Jersey tea—*Ceanothus Americana*.

Lobelia inflata.—Indian tobacco, wild tobacco, emetic weed. This is an indigenous, biennial plant, from 12 to 18 inches high; stem angled; hirsute; very branching; branches axillary. Leaves oblong, alternate, serrate; sessile; hairy beneath. Flowers in a lax spike, pale blue. Calyx 5 leaved, permanent; corol with irregular slits; anthers curved, cohering. Capsules inflated (whence its specific name), 2 to 3 celled, and filled with numerous seeds. Blossoms in July and August. It is found in dry pastures and by the road side throughout New England.

This species of *lobelia* was used by the aborigines as an emetic; and it is used very extensively at the present day by a notorious set of empirics who affect to cure all diseases by one and the same process. It is the herb which entirely relieved the Rev. Dr. M. Cutler of the severest asthmatic paroxysm he ever experienced.* It is also said to be a specific in tetanus, hydrophobia, &c., but like almost all other remedies that have been cried up as specifics, it would, probably, disappoint the too credulous practitioner. It is a very powerful substance, and if it is ever used at all, it should be used with the greatest caution. If, when taken, it does not excite vomiting or purging, the consequences become alarming, or, perhaps, fatal, in a very few hours; and yet the popular empirics of the day give a whole teaspoonful of the powdered leaves or seeds at a dose. The melancholy results of such a practice are but too often brought before the public; but oftener still, in all probability, are they hushed up and kept "dark." Of the deleterious effects of Indian tobacco, when used by the ignorant, I will say a few words by way of relating the following

Case.—About nine years ago, I was called on, in the midst of a furious snow-storm, to go ten miles across the mountains in the western part of this State, to see a gentleman who was represented by the messenger who came for me, as being "very low," and in all probability having but a few hours to live. I arrived at 10 o'clock in the evening, and on inquiry found the previous history of the case to be as follows. The patient had for a long time been severely afflicted with the asthma. He had had a paroxysm the night preceding my visit, and had suffered so intensely that he was ready to do anything which should hold out any hope of relief; and as the "adverse gods" bore sway, a neighbor, who



Lobelia inflata.

* Eberle's Therapeutics, Vol. I., p. 52.—Hooper's Medical Dictionary, Vol. I., p. 451.—Coxe's Dispensatory, p. 361.

had bought a "family right," by chance called in that very morning, who took no small pains to initiate him into all the mysteries of the wondrous "lobely." The bait appeared fair, and being swallowed, it was found too late that it covered a barbed hook. Suffice it to say, a strong decoction or infusion of the lobelia had been given once in ten or fifteen minutes all day, without producing either vomiting or purging. The *wonderful doctor*, beginning to see the alarming appearances that his (patient?) victim took on, from the effect of his *wonderful medicine*, desisted at about sunset, saying that "he believed he should not make him puke at all." When I arrived, I found my patient in a state of extreme prostration, with eyes sunken and wild—countenance pale and deathlike—all the senses blunted—cold sweat standing in large drops upon the surface—extremities cold—pulse irregular and feeble—no evacuation.

When I had acquainted myself with these symptoms, I felt that the case was a hopeless one; especially when I took into view the enormous quantity of the lobelia he must have swallowed. But, prompted by sympathy for the distressed family, I determined to do whatever could be done for the rescue of the victim. I was, however, directed to the remedy which gave relief by mere accident. As the patient slowly turned his head and gazed wildly into my face, he said feebly, "can you not give me something that will relieve this sinking faintness I feel at the pit of my stomach?" I thought a saline draught in the state of effervescence might do it. I accordingly gave carb. amm. with acid. acet. It *did* relieve—and to my surprise, he soon appeared considerably revived. This encouraged me to proceed, and the draught was repeated every hour or two through the night. This was all the medicine he took till after he had become quite comfortable, and had slept quietly for more than two hours. I gave a brisk cathartic in the morning, and left him. He subsequently regained his usual health, but is asthmatic to this day.

I believe the remedy to be of much service in asthma, and had it in this case been administered by a skilful hand, it would, probably, have proved beneficial. I have, a few times, given a saturated tincture of the plant in that disease with decided benefit. I have used it myself, and have seen it used by others, as an emetic; but its violent and uncertain action is a great objection to its employment in ordinary practice.

I do not suppose that I shall present a single new idea to the minds of any by publishing this paper; but a strong desire to turn the attention of the medical profession to the subject of our indigenous medicinal plants, induces me to offer it for the pages of the Journal. The remedy that proved an antidote in the case given, may, possibly, be serviceable to others.

E. G. WHEELER.

Unionville, Mass., Sept. 4, 1840.

COMPARATIVE ANATOMY OF THE TEETH.

[REFERENCE was made, in the 21st volume of this Journal, to late important discoveries, by Mr. Nasmyth, in the structure of the teeth.

Professor Owen, of London, who has also devoted much attention to the subject, has just issued Part I. of a treatise on the comparative anatomy of the teeth; their physiological relations, mode of development, and microscopic structure in the vertebrate animals,—illustrated by upwards of 150 plates. We perceive that a controversy is carried on in the London Lancet between these two gentlemen, respecting their claims to some of the discoveries in question. Without further reference to the respective merits of the discoverers, we copy, from the British and Foreign Medical Review, the following notice of the work already named.]

The most important *general facts* discovered and substantiated by Professor Owen regarding the structure of the teeth, we believe to be the two following :

1. That teeth grow, like bone, by intussusception; that they are not extra-vascular structures, as Hunter, followed by Cuvier and many others, maintained; but that they are originally formed by the deposition of calcareous matter in cellular tissue, by a process bearing a general analogy to that of ossification.

2. That the microscopic examination of the teeth reveals correspondences and differences in their structure in the various groups of vertebrated animals, so constant and easily recognized that from the smallest fragment of a fossil as well as recent tooth, not only the class and order but even the family, and in some instances the nearest allied genus of the animal to which the tooth belonged, may be predicated with certainty.

The first of these discoveries was made by observation of the development of the teeth in the foetal shark, in 1838. Mr. Owen remarks that in these, as in many other fishes, we have an exemplification on a large scale of the earliest or papillary stage of dental development in the higher classes of animals. It is not succeeded by either a follicular or an eruptive stage; since the formative papillæ are never inclosed, and consequently never break forth. The unossified pulps, examined with a high power, consist of semi-opaque granules or cells, suspended in a clear *matrix*; and the whole is enclosed in a tough transparent membrane which forms the outer surface of the pulp. The formation of the tooth commences by the deposition of earthy particles in the latter, which thus becomes the enamel-like polished coating of the tooth; and the process of calcification gradually extends from without inwards, the pulpy substance being actually converted into solid *dentine*; and not giving place to excreted layers of it, as commonly supposed.

It is among the highest characteristics of the true philosopher to determine where he may safely and certainly reason from analogy, and to distinguish the cases in which he must distrust it. The celebrated assertion of Newton, that the diamond was combustible, is familiar to every one; though few have perceived as he did the importance of the analogy on which he rested it. Now on the single series of observations to which we have referred, Mr. Owen has based his general statement of the character of the process of *dentification* in all vertebrated animals; and the event has proved him to be right. The independent observations of Schwann upon the development of mammalian teeth, which we have already

noticed (vol. ix., p. 513), lead to precisely the same conclusion, when interpreted by those of Mr. Owen. But without the latter, their full bearing might not have been recognized; and this has indeed happened even to Müller, who, in the second edition of his *Physiologie* (in which he takes full cognizance of his friend Schwann's excellent observations), still classes the formation of teeth with that of hair and other extra-vascular parts, in the category of "Formation by Apposition." Mr. Owen's views were expounded in his lectures at the College of Surgeons in May, 1839, previously to his becoming acquainted with Schwann's researches; and a more detailed statement of them was transmitted by him to the French Academy, in acknowledgment of their election of him as correspondent; which statement will be found in the *Comptes Rendus* for last year.

If this principle is sound, as we think there can be no doubt that it is, and comes, as it must, to be generally received, it is the most important information on the subject of the teeth that can be given to the practical dentist. To prove that teeth are essentially developed like bone—to show by what modifications of osseous structure their vitality, when fully formed, is so masked that they have appeared to the most intelligent anatomists as brute bodies, and to point out by what channels a tooth, though in the main extra-vascular, may receive materials for its support, or influences to its decay—are among the objects of Mr. Owen's work; and it is obvious that the settlement of these questions must have a most important influence on the progress of dental pathology.

To the medical man *this* is the point of most importance; but to the scientific anatomist, and more especially to the palæontological naturalist, the *second* is of surpassing interest. The fame of Cuvier will probably in future years chiefly rest upon the discovery that there is such a degree of conformity between the various parts and organs of an animal, that the whole may be inferred, by an anatomist rendered skilful by previous knowledge, from a small portion. But it was necessary that this portion should retain its external form, and should belong to some characteristic part of the structure. That conclusions, equal in certainty and minuteness, should be drawn from an amorphous fragment was never dreamed of by the illustrious author of the *Ossemens Fossiles*; and we cannot help regarding this discovery as yet more remarkable than any *single* principle established by Cuvier. The application of it has served to set at rest prolonged discussions founded upon the external appearance of most characteristic portions of the skeleton; and thus the value of this means of investigation is shown to be superior to that of any other. A few instances must suffice.

Most of our readers, we presume, are acquainted with the existence of a certain fossil in the Stonefield slate which has been commonly regarded, after Cuvier, as having belonged to a marsupial quadruped, but which many eminent osteologists pronounced to be the remains of a reptile. Not many months ago a very vigorous war was carried on between the two parties, and many new names were proposed for the creature, in accordance with the respective views of the nomenclators. Amongst others the name *Bothratio-therium* was jocularly conferred

upon it by the reporter of the Proceedings of the Geological Society in the Athenæum, and gravely adopted by the French savans. Mr. Owen was the chief supporter of Cuvier's views; and against him were ranged Blainville, Grant, Ogilby, and other eminent comparative anatomists. The latter based some of their most important arguments on the supposed analogy of the *Basilisaurus*, recently discovered by Dr. Harlan of Philadelphia, which had, like the Stonesfield fossil, double-fanged teeth—a character previously supposed peculiar to mammalia. But being led by other appearances to doubt the saurian nature of these remains, Mr. Owen submitted a section of a tooth to microscopic examination; and the result confirmed his previous views, by demonstrating its place to be between the carnivorous and herbivorous cetacea, as Dr. Harlan then readily admitted. Thus the analogy which had been so much insisted on proved to be as much in Mr. Owen's favor as it before seemed against him; and the marsupial character of the Stonesfield fossil is now, we believe, generally admitted.

A similar confirmation has been afforded by the microscopic examination of the teeth to Mr. Owen's opinion, formed upon independent grounds, in opposition to those of Blainville and other eminent anatomists, that Cuvier was right in regarding the *mygatherium* as more closely allied to the sloths and ant-eaters than to the armadillo; and that the tessellated armor, found in occasional proximity with its remains, does not belong to it, but to a distinct genus, to which the name *Glyptodon* has been given by Mr. Owen, more resembling the armadillo.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 23, 1840.

MANAGEMENT OF INFANCY.*

SUCH is the reputation of Dr. Andrew Combe, that whatever comes before the public under the sanction of his name, is sure of being well received. This results from the fact that all his productions have not only borne the impress of genius, but are calculated permanently to benefit mankind. He appeals to the understanding, and in no instance is there discoverable a disposition to establish a position that is not clearly warrantable. Dr. Combe is a philosopher in the broadest sense of the word—a physician who prescribes according to the indications of nature—and a philanthropist, because all his chirographic labors have a direct reference to the health and happiness of the human family. It is by no means common to find two men of the same family exercising such influence over the minds of their fellow beings in two hemispheres, as is now exemplified in the case of Mr. George Combe, the phrenologist, and the author of the work now before us. Neither of them are particularly striking in their manner of addressing the thinking world—their forte lies in wielding a

* Treatise on the Physiological and Moral Management of Infancy. By Andrew Combe, M.D., &c. &c. With notes and a supplementary chapter, by John Bell, M.D. Philadelphia: Carey & Hart. 8vo., p. 307.

masterly power of analysis. They take, as it were, the most complicated machinery in pieces—spread the wheels, springs, chains and screws over the table in separate parcels, so that a child may discover the connection which one part has to another, and then explain the principle of movement in the whole. Instead of overwhelming by some brilliant display of scholarship, they gain upon the good opinion of the reader by showing the personal benefit that will naturally accrue from attending to those fundamental laws which influence man through all the phases of his existence. When they have obtained the consent of the judgment, which must follow a careful perusal of their principal writings, there is no resisting the belief of their good intentions or their profound attainments in physical science, aside from all considerations of mental philosophy, which is a distinguishing element of their various productions.

But to return from these digressive observations. The treatise now republished by Messrs. Carey & Hart, originally a gem from the hand of its learned author, has been enhanced in value by additions from the prolific pen of Dr. Bell, of Philadelphia. Besides a variety of marginal notes, interspersed here and there through the volume, a supplementary chapter at the close embraces a variety of topics which are precisely fitted to the meridian of the United States. They are essential, since we have a climate of a variable character, diseases truly our own, accompanied by circumstances that affect the health of children in a way which could not be known to an author who never saw the Continent of America.

Without showing the contents of Dr. Combe's fifteen chapters in the present notice, we prefer to speak of the additions made by Dr. Bell, with a view to creating a local interest in the volume. Dr. B. treats of the peculiar dangers to which infancy is exposed in the United States—causes of infant mortality unavoidable—hints for guidance in the construction of houses—chief diseases of children in Philadelphia and New York—summer hygiene—convulsions and diseases of the brain, scrofula and marasmus—the brain not to be over-exercised in childhood, &c. By these items, it will be seen that Dr. Bell has not been idle.—With a press of matter on our hands, it is not possible to present a perfect scheme of this excellent volume the present week.

Sanguinaria Canadensis.—The good effects of blood-root were shown last week, in an extract from the Western Journal. It must not be forgotten by practitioners that the pulverized root is one of the very best applications known in the management of ragged ulcers of the legs, such as are often seen in aged men. In those spongy, twinging, fetid, cancerous ulcers of the breast, also, which are met with in every one's practice, the same article, sprinkled over the abraded surface, once or twice a day, produces the happiest results. Those who are most conversant with this class of sores, speak with decided approbation of the powdered blood-root, as superior to anything in use. A dossil of lint spread with simple cerate is the proper dressing—graduating the quantity of powder, from time to time, according to the improving condition of the ulcer.

Medical Graduates at Harvard University.—The following are the medical graduates in Harvard University, during the year ending August 26th, 1840:

Pierre Baillargeon—on Inflammation. Evans Bartlett Hammond—

Hare Lip. Lucius Cook—Human Skin. Henry Blanchard, A.B.—Secale Cornutum. Jonathan Borden—Lumbar Abscess. Edward Hartsorn—Bathing in Acute and Chronic Disease. John Bacon, A.M.—Aneurism. Harvey Erastus Clap, A.B.—Inguinal Hernia. William Johnson Dale, A.M.—Delirium Tremens. Human Elvas Davidson, A.M.—Antimony. William Augustus Davis, A.B.—Innervatione. Abraham Osgood Dickey—Typhoid Fever. Frederick A. Eddy—Lumbar Abscess. John Fenwick Eustis, A.M.—Dyspepsia. James Harrison Gray—Apoplexy. William Hawes, A.B.—Hereditary Disposition. Christopher Columbus Holmes, A.M.—Inguinal Hernia. John Foster Williams Lane, A.M.—Connection of Nervous and Respiratory Systems. Benjamin Mann, A.M.—Pericarditis. Nathan Warren Oliver—Scarlatina. Thos. Perkins Shepard, A.B.—Acute Pericarditis. George Tower—Prolapsus Uteri.

W. CHANNING, *Dean.*

Counsellors' Meeting.—By reference to the advertisement of the Recording Secretary, it will be seen that a stated meeting of the Counsellors of the Mass. Med. Society will be held on Wednesday, Oct. 7th, at the Athenæum. By this timely notice, gentlemen residing in the interior will have ample opportunity for making arrangements for being present. Promptness is desirable, and in this business board, no one should accept a seat who is unwilling to make some sacrifice to attend to the duties.

Longevity of the Shakers.—The editor of the Monthly Visitor, published at Concord, N. H., has lately given an interesting account of a visit to the Shaker Village in Canterbury in that State. As a proof of the longevity of the community, he has published the ages of all the individuals who have died there for sixty years past, and then adds—"The united age of 102 persons given by figures in the foregoing table, is 5169 years—making an average to each person of 50 years and 8 months. Here is a table of longevity in which, it is believed, will not be found a parallel in all the tables of modern times. Very seldom does a death occur among these people, but from an originally delicate constitution or some organic defect, before passing the middle age. Rarely do attacks of dysentery or fever, or other complaints peculiar to either warm or cold unhealthy weather, affect the health or destroy the lives of the Canterbury families. With limbs and nerves strengthened by exercise and labor, with the contentment of perfect independence and freedom from worldly fear and worldly care, the Shakers in nine cases out of ten live to a mature and wise age; and very seldom does the community of between 2 and 300 persons have occasion to follow one of their number to an untimely grave."

The Morbid Influence excited by the Menstrual Secretion.—Dr. Remak, of Berlin, has been engaged in inquiries upon the above subject, and has arrived at the opinion that the globules of mucus contained in the menstrual fluid are the sources of that irritation which occasionally gives rise to gonorrhœa in the male urethra. The red color of the fluid he finds to depend upon blood corpuscles; these are most numerous towards the middle period of its flow. At the commencement and near the close of its appearance, it becomes pale, and is then found to contain a much larger proportion of the scales of epithelium and mucous globules. These mu-

cous globules, he conceives, may, in a morbid state of the mucous membrane which produces them, be so altered in their nature, as to excite a corresponding morbid condition in any other mucous membrane with which they may be brought in contact. Many of our readers will have seen cases in which gonorrhœa has been communicated by a wife wholly free from suspicion; we have seen such cases; and it is highly important in practice to be aware of this tendency on the part of the mucous membrane, at the period of menstruation, to excite such inflammation.—*London Lancet.*

Mr. Coates on Club-foot.—Mr. Coates, of London, describes his mode of dividing the fascia in the following words:—"The toes being pressed obliquely upwards and outwards, and the fascia put upon the stretch, I passed a straight narrow knife between it and the skin as near to its origin as possible. I then with a curved probe-pointed bistoury divided the fascia completely. A few drops of blood escaped. The assistant felt the convexity of the tarsal arch diminish immediately, but without any jerk or audible snap, and the patient cried out, joyfully, that the foot was, as he expressed it, 'let loose;' nor could he believe the operation completed, so slight was the pain. The tarsal arch became more supple immediately after the division of the fascia."

Poisoning with Colchicum—A Quack Aurist.—The following case is interesting in a two-fold manner; it affords an example of poisoning by colchicum, and illustrates the recklessness with which quack pretenders to medicine sacrifice human life to their selfish ends:

A wine-merchant, 50 years of age, of strong constitution, had been long subject to deafness. By chance the prospectus of a quack aurist was placed in his hands, in which prospectus a prompt and certain cure of his infirmity was promised. He immediately repaired to the aurist's, who prescribed a potion containing colchicum, and some other, but less active, drugs.

M— took of the potion, as he had been directed, a spoonful every half hour, and soon felt its effects; the suffering produced was extreme, but the aurist, when informed, said that it would soon pass away. Under this assurance, the unfortunate man continued to drink the potion, to the last drop, and then fell into the most alarming state. A physician was now consulted, but before any remedy could be administered, the man was dead. He had taken, in three days, more than half an ounce of colchicum root.—*Journal de Chimie.*

Puncture of the Bladder a safe Operation.—M. Levrat, of Lyons, was lately called to a child laboring under retention of urine, caused by a urinary calculus lodging in the urethral canal. To relieve the present urgent symptoms, he punctured the bladder, and afterwards broke down the calculus in the urethra, and extracted it; the child rapidly recovered. M. Levrat has frequently punctured the bladder, and in every case the operation was followed by the happiest results.

M. Gerder regards puncture of the bladder as a very safe operation. He has performed the operation in various cases and circumstances, and always successfully. One of his most interesting cases was one where the perineum was much bruised in consequence of a fall on that part:

retention of urine was the consequence; puncture of the bladder was performed, and the patient rapidly recovered.—*Edinburgh Medical and Surgical Journal*.

Medical Miscellany.—Good health characterizes New Orleans thus far, notwithstanding the predictions that the season would be a sickly one.—The mayor of Mobile has issued a card, contradicting the report that yellow fever existed in that city, which is signed by several of the most respectable physicians. The city is in excellent health.—Vaccine virus, carried from Boston to the Sandwich Islands, has succeeded admirably, to the great joy of the people. Hope is entertained that the last package sent to Siam will also succeed, notwithstanding the fears of Dr. Bradley to the contrary.—Some extraordinary surgical operations have been performed at the South, the particulars of which have not been published.—Dr. Smith, professor of anatomy in the New York College of Physicians and Surgeons, has sent forth a new work, but not having had a copy, the object and worth of it is unknown at present.—Is it true that medical lectures are not to be given at Castleton the ensuing term? Will some gentleman set the public mind right in the matter?—A division of one of the muscles of the eye of a young lady, was made in Boston, a few days since, with a good prospect of overcoming a congenital strabismus. The particulars of the case are expected for publication from the operator himself, as soon as the result is known. He says the matter of dividing the recti muscle is one of the simplest affairs in the whole field of surgery.

TO CORRESPONDENTS.—Dr. Paine, of New York, the learned author of the *Medical and Physiological Commentaries*, is preparing an answer to the review, which is concluded in this No. of the *Journal*, of a portion of his work.

NOTICE.—Mr. Joseph Balch, Jr., druggist, is agent for the *Boston Medical and Surgical Journal* in Providence.

MARRIED.—At Oswego, N. Y., Prof. Frank Hamilton, of Rochester, to Mary G. daughter of Judge O. Hart, of the former place.

Number of deaths in Boston for the week ending Sept. 19, 53.—Males, 29—females, 21.

Of consumption, 5—cholera infantum, 6—teething, 4—bowel complaint, 3—hooping cough, 5—dysentery, 6—typhous fever, 3—convulsions, 1—dropsy, 3—old age, 2—intemperance, 4—lung fever, 1—fits, 1—diarrhoea, 1—infantile, 2—dropsy in the head, 1—apoplexy, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held at their rooms, rear of the Athenæum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.

S 16—tm

GEO. W. OTIS, Jr., *Rec. Sec'y*.

ORDERS FOR GOODS FROM PARIS.

THE subscriber intending to remain in Paris for a year or two, will be happy to attend to any orders, of large or small amount, for physicians or others, who may be in want of books, instruments, minerals, &c. &c. Reference to Dr. Martin Gay, and Nathan Hale, Esq. Directions may be left with Mr. Foster, at the Courier Office, 4 Thorndike's building, Congress square, Boston.

Sept. 5.

S 9—3t

J. H. BUCKINGHAM.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the *Medical Journal* office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 181 Washington street, physicians may be readily accommodated.

A 19

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the *Boston Medical and Surgical Journal*, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 19, 1840.

WALTER CHANNING,
GEORGE W. OTIS, JR.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the *powerful auxiliary* afforded by the use of the Lebanon. Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

JOSEPH BATES, *Lebanon Springs.*
CHILDS & LEE, *Pittsfield.*

MEDICAL INSTRUCTION.

THE subscribers have associated themselves for the purpose of receiving students of medicine.

Students will have access to a good Medical Library, a collection of anatomical preparations and plates, and will have abundant opportunities of seeing practice.

They will also be examined once a week on Theory and Practice of Medicine and Obstetrics, by Dr. WHEATON.

And on Anatomy, Surgery and Materia Medica, by Dr. RIVERS.

A comfortable office for study, with fire and lights, will be provided.

The fee will be \$75 per annum, payable semi-annually in advance.

Providence, July 11, 1840.

A 5—5t*

LEVI WHEATON, M.D.
H. W. RIVERS, M.D.

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	JAMES MCNAUGHTON, M.D.
Materia Medica and Natural History, by	- - - - -	EENEZER EMMONS, M.D.
Anatomy, by	- - - - -	JAMES H. ARMSBY, M.D.
Chemistry and Pharmacy, by	- - - - -	LEWIS C. BECK, M.D.
Obstetrics, by	- - - - -	DAVID M. McLACHLAN, M.D.
Institutes of Medicine, by	- - - - -	THOMAS HUN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

Jy 29—tN

ALDEN MARCH, *President.*
J. H. ARMSBY, *Registrar.*

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - -	ROBERT HARE, M.D.
Surgery,	- - - - -	WILLIAM GIBSON, M.D.
Anatomy,	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	- - - - -	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

Jy 22—cptN15

W. E. HORNER,
Dean of the Medical Faculty.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - - - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	- - - - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - - - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	- - - - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	- - - - -	JOHN DELANATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	- - - - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	- - - - -	SUNNER RHOADES, M.D., Geneva.

Geneva, July, 1840.

Jy 15—tOI

THOMAS SPENCER, *Registrar.*
C. B. COVENTRY, *Dean.*

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 26.—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

BOSTON MEDICAL AND SURGICAL
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VOL. XXIII.

WEDNESDAY, SEPTEMBER 30, 1840.

No. 8.

PERTUSSIS.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE CHEST.

BESIDES the modifications of bronchitis which depend upon the duration of the disease, and the age or other peculiarities of the individual, there are other varieties which are specific in their character, and depend upon a peculiar condition of the system, produced by a constitutional disorder. Of these varieties one of the most frequent is pertussis, or whooping cough. This is an affection of the nervous system accompanied by bronchitis, in which sometimes the one, sometimes the other, predominates; the affection of the nervous system being in some cases very severe, with but little cough, whereas the cough is frequently very bad, with comparatively slight nervous symptoms. We almost always meet with this disease in children, though adults are occasionally attacked by it. It is a self-limited disease, and therefore cannot be cut short by treatment, although its complications may be removed or palliated. Though the inflammation of the bronchial tubes is merely the local part of the disease, yet it is in one sense the most important, for patients generally die of the bronchitis and its immediate effects. The secretion from the mucous membrane is much greater than in ordinary varieties of bronchitis; and in children it tends constantly to accumulate in the inferior parts of the tubes: they are in this way gradually enlarged until permanent dilatation results. The thickening and congestion of the mucous membrane do not differ from the same alterations in ordinary bronchitis. When a fatal termination occurs, it generally arises from the feebleness of the patient, and a consequent inability to expectorate, or, as is the case with children, to discharge the secretions by vomiting.

The parenchyma of the lungs may become congested and inflamed, producing a pneumonia which may prove fatal.

The principal sign of this disease is the peculiar whooping character of the inspirations: this is caused by the forcible expulsion of air from the chest, in fits of coughing, and sometimes occurs in other forms of bronchitis, which, however, do not often possess the paroxysmal character of pertussis. In addition to the cough we meet with the rhonchi, both dry and moist, and very often with a gurgling caused by the collection of fluid in the dilated bronchi. The cough usually lasts for several weeks; it then declines gradually, and the rhonchi disappear. It is gradual in its attack, being at first slight, and then becoming violent.

It comes on in paroxysms, of which, in mild cases, there are usually five or six during the day, the patient being free from cough in the interval. In severe cases the number of paroxysms is much greater. They sometimes occur as often as once an hour, and occasionally there is only an interval of a few minutes. In such cases the patient generally dies of exhaustion. The secretion in the bronchial tubes consists of thick, glairy mucus; when it has continued for a long time, it sometimes contains a small portion of pus, intermixed with blood. Sometimes blood is effused, and a partial hæmoptysis occurs. The secretion is usually thrown off by vomiting, especially in young children, who cannot expectorate. The appearance of the face in this disease is peculiar, being of a bluish color, accompanied by puffing of the eyelids. This is the effect of the violent efforts made in coughing, and the congestion consequent upon them. It is in some degree a measure of the severity of the disease.

When fever occurs it indicates the existence of inflammation of the lungs, and when high, is a symptom of much gravity. When the development of tubercles takes place towards the close of the disease, the fever continues with a quick, irritable pulse. It is usually the miliary form of tubercles which occurs under these circumstances, and is almost always fatal.

The *diagnosis* is pretty clear after the second week: the paroxysmal character of the cough, with its whooping inspiration, its complete intermission, and the recurrence of the paroxysm during any disturbance of the mind, are sufficient to characterize it.

The *prognosis* is generally favorable in the simple forms of the disease, but becomes less so in proportion to the severity of the complications.

Treatment.—As the disease cannot, as a general rule, be arrested, we should palliate its symptoms, and assist nature in the means which she has pointed out for its relief; we should, therefore, promote the secretion in the tubes, and favor its removal. Therefore we should employ mild emetics, which tend to bring about both these ends. They should be given once or twice a day for a week or two. In this affection there is always a disposition to vomit; and as this action, brought on by artificial means, is milder than when it occurs spontaneously, emetics afford very great relief. After this treatment has been continued for the time above specified, we should make use of remedies whose action is slower but analogous to that of emetics, for this is the means pointed out by nature for the cure of the disease; and it is a maxim in therapeutics, that when a secretion is intended by nature to remove any diseased state of the economy, we should favor or moderate it, and not arrest it. Ipecacuanha, in the usual expectorant doses, may be used for this purpose, and answers very well—but one of the best remedies in this affection is assafoetida, as it favors expectoration, and also controls the disorder of the nervous system, which constitutes so large a part of the disease. It may be given to children of eight or ten years, in doses of two or three grains, several times daily. However, it cannot always be given internally, as it is so repulsive to the senses; applied externally,

in the form of a plaster, it acts very well, producing an impression on the nervous system, and moderating the paroxysms. Ammoniac, galbanum, &c., are used in the same manner. Revulsives to the chest are useful, but not always necessary; when required, I prefer sinapisms to blisters or moxas. There is another remedy which is much more powerful than these—that is, the extract of belladonna; I know of no practitioner who uses it more boldly, or with better effect, than Dr. H. Corson, who resides not far from this city. I regret that I have not his formula at present. Still, you cannot be too cautious in the administration of this medicine, which is certainly always attended with some risk. The success which attends its administration in whooping cough, is stated to be greater than that of any other remedy.

The clothing should be warm, flannel to the chest, &c.

The complications are various affections of the lungs, which are, when very acute, to be treated by general and local bloodletting, and other remedies required in the affections occurring idiopathically. Phthisis occurs as a sequela of this disease, and does not require medication; it is best treated by a change of air, which is advantageous in the declining stages of all severe cases of pertussis.

As pertussis rarely occurs with adults, we are apt to make an incorrect diagnosis when it does thus occur: this should be borne in mind, as we might confound it with a variety of bronchitis resembling pertussis, which is exceedingly difficult to get rid of. Ordinary bronchitis may be complicated with the nervous spasm; but the disease should not be confounded with pertussis, unless the spasms are disproportioned to the bronchial affection. This constitutes the peculiarity of the disease, and gives to it that mysterious difference between it and other varieties of bronchial inflammation.—*Med. Examiner.*

ACTUAL CAUTION IN GANGRENE OF THE MOUTH.

BY HENRY OERE, ESQ., HOUSE SURGEON TO THE MARYLEBONE INFIRMARY.

MARCH 18.—Charles Harris, aged 9 years, living in a damp, unhealthy atmosphere, was attacked a few days since with fever, which quickly terminated in typhus. He was in a low, insensible state for two or three days, requiring wine and stimulants to recover him. When sufficiently recovered to sit up in bed, on the 25th, an ulceration was perceived on the external and back part of the gum of the left upper maxilla, having an ash color. This had increased to such an extent before being discovered, that the two first molar teeth were loose, and soon fell out; the fauces were covered with aphthæ, the tongue and other parts of the mouth remaining perfectly natural. The ulcerated surface was touched with muriatic acid, mixed with honey; and he continued the use of quinine and red wine, which he has been taking since.

26. The ulceration has passed to the mucous membrane of the cheek, which is hard, swollen, and has a glazed appearance externally, except in one point in the centre, which feels soft, as if the disease had nearly passed through; pulse small; no diarrhœa, perspiration, or any symp-

tom of debility. Nitric acid was applied to the ulcerated surface, the mouth cleansed with a gargle of bark and alum, and a blister applied to the back of the neck.

29. The gangrene has passed through the cheek to-day ; its size is about that of a half crown ; it presents a dark color, and gangrenous fœtor ; the hands require to be restrained to prevent his disturbing a poultice of yeast which has been applied ; the ulcer to be washed with a solution of chloride of soda ; he sits up in bed, and eats mutton-chops, indeed anything he can get, his appetite being seldom satisfied.

30. The disease has increased in extent, nearly joining the commissure of the mouth in front, and passing back to within an inch of the tragus. The parents having consented, the actual cautery was applied to the diseased surface, on the external parts, with little uneasiness to the child. From this time until the 4th of April, the disease was perfectly arrested, when it began to increase under the integument. The edges of the sore were irregular and everted, the internal parts of the mouth quite exposed from the wound, and also the superior maxilla as high as the zygoma. Being afraid that the lower eyelid would be destroyed, as the disease was extending in that direction, the cautery was repeated with the same success as previously. Charcoal was ordered to be sprinkled on the poultice, the smell of the chlorine being unpleasant.

8. The greater part of the slough produced by the last application is coming away ; granulations on many parts are making their appearance ; perspirations have come on this last day or two ; in other respects he is improving, eats, drinks and sleeps well. Another of the double teeth on the diseased side has fallen out.

Those parts not showing a disposition to heal, on the 10th were touched with nitro-muriatic acid. The perspirations have left him ; had an attack of diarrhœa this morning, for which he was ordered aromatic confection. The boy is up and walking about the room ; continues the use of wine, meat, &c. From this time the wound gradually improved, and he attended at the infirmary two or three times a week ; the face being perfectly healed, excepting a small part the size of a pea. He is unable to open the mouth to a greater extent than half an inch, in consequence of an adhesion of the cheek near the mouth to the gums on the diseased side, which can easily be remedied by the division of the adhesion. The face is not disfigured to the extent that would have been supposed.

On the 2nd of January, 1840, Margaret Dagnell, aged 3 years, became my patient, when the following history was elicited from her parents, who are laboring people : Previous to the present illness the child was never seriously indisposed, always resided in a confined neighborhood, either in London or Manchester, her diet being chiefly vegetable ; she seldom took animal food, in consequence of their poverty. About a month since, an epidemic of measles prevailing, she was attacked slightly, being ill only a few days. While convalescent, some small spots or ulcerations were observed on the inner surface of the lower lip and gums, for which the child was taken to a druggist, who or-

dered a bitter mixture ; no other medicine being given. The ulceration now rapidly increased, and destroyed part of the lower lip and gum, loosening the lower teeth, all of which fell out in a few days, except the first molar on each side.

The child lays on the back, appearing to suffer little or no pain ; the lower part of the face has a frightful aspect, the covering of the lower jaw anterior to the insertion of the masseter is quite denuded, except a narrow communication joining the angles of the mouth ; the exposed bone beginning to decay ; the integument surrounding the disease is pale, tumid and hardened ; fœtor most unpleasant ; pulse 108 ; tongue covered with a brown fur ; the hands are continually thrown about, and attempts made to pick her face ; wine and quinine were given internally ; warm applications to the face.

3. The gangrene much increased, has destroyed the communication between the angles of the mouth, and separated the base of the tongue from the bone, passing down nearly to the os hyoides, exposing the sub-maxillary gland, which is but little affected. The actual cautery was applied all over the diseased surface on the external parts, which seemed not to be perceived by the child ; chlorine cloths were applied, and the mouth washed with a gargle of bark. A quantity of sanious fluid flowed through the wound.

4. The gangrene has not extended externally, where the cautery has been applied ; not so inside the mouth, which has been touched with nitric acid to-day ; the child is fed with fluids, the head being held back to prevent their flowing out through the chasm. The child remained in this state until the 6th, when it died, exhausted by diarrhœa ; the toes of the left foot, for a day or two before death, were cold and blue ; flannel was kept applied to them ; the teeth and gums of the upper jaw remained perfect.

Remarks.—The cases which I have related above, demonstrate the very great efficacy of the actual cautery in extensive destruction of the face from gangrena oris. I was induced to employ the actual cautery on the recommendation of Dr. P. Hennis Green, who informed me that he considered it to be the only remedy which afforded any chance of arresting the gangrenous destruction of the soft parts, after perforation of the cheek. In the first case a complete cure was obtained ; in the second the child died, but the cautery completely arrested mortification at the parts to which it was applied, and would probably have been attended with the same success as in the first case, if it had been employed under equally favorable circumstances. I am not aware that the actual cautery has ever been used in this country in the treatment of gangrena oris, although most of our writers recommend it, on the testimony of Baron, Isnard, and Marjolin. It is evidently a powerful agent, and is worthy of a trial in that severe form of a disease, which, according to Dr. Willis, destroys 19 out of 20 of those attacked.—*Lancet*.

ANEURISM BY ANASTOMOSIS.

BY W. C. WORTHINGTON, SURGEON TO THE LOWESTOFT INFIRMARY.

It may be affirmed that aneurism from anastomosis has, until within the last few years, been far too little understood; the surgeon not being acquainted with its exact nature, has performed only very imperfect operations for its cure. Mr. John Bell is allowed to have been the first person who accurately described the disease: previous to his time, very vague conceptions were entertained regarding its true character, and it was not until this distinguished surgeon published his "Principles of Surgery" that it was looked upon as deserving more serious attention. Amongst modern surgeons Mr. Liston stands foremost on this subject, having contributed, through the medium of your valuable Journal, several interesting cases in elucidation of this kind of aneurism; to him we are indebted for much important information as regards both its pathology and treatment.

In adverting to the true character of this disease, I feel I cannot do better than transcribe Mr. Bell's own account of it: "The swelling is a congeries of active vessels, and the cellular substance through which these swellings are expanded, resembles the gills of a turkey-cock. The tissue is made up of small and active arteries, absorbing veins, and intermediate cells: the irritated and incessant action of the arteries fills the cells with blood; from these cells it is re-absorbed by the veins; the extremities of the veins themselves, perhaps, dilate into this cellular form. There seems to be a perpetual circulation of blood, for there is constant pulsation, the tumor is permanent, but its occasional variation in bulk is singular; it swells like the gills of a turkey-cock in a passion; it is puffed up by exercise, drinking, or emotions of the mind; it is filled and distended with blood upon any occasion which quickens the circulation, as by venery, menstruation, the pleasures of the table, heated rooms, or the warmth of bed. The tumor beats continually, increases slowly; its surface bursts; it bleeds from time to time; its pulsation and hæmorrhages give it a title to rank with aneurisms, and its internal structure is such that I may venture to name it 'aneurism from the dilatation of anastomosing vessels.'"

It is to be feared that even in the present day this disease has, in some instances, been far too little thought of, and its cure attempted on unsound principles; pressure is not only inadmissible, however judiciously applied, but has frequently been found to aggravate the complaint. Simple incisions into the swelling have, also, sometimes been tried; the result has been active hæmorrhage, controlled only by pressure, the patient, perhaps, being exposed to great exhaustion from loss of blood. When it is considered that the texture of the tumor is made up of a congeries of enlarged vessels, freely anastomosing with each other, it follows that no plan of treatment, short of complete insulation of the morbid tissue, affords the least rational hope of a permanent cure, whenever the disease is situated in a part to admit the use of the knife. It *must, therefore, not be cut open, but cut out*; and the incision should extend to the undivided branches of the arteries before

they have formed their inosculations. In cases where incisions cannot be safely practised, the plan of needle and ligature, adopted by Mr. Liston, may be employed. The following case, which lately came under my care, affords a further exemplification of the above remarks :—

R. R., Esq., aged 21, about two years since observed a swelling on the centre of the forehead; at this time it was not larger than a split pea. It soon began to throb, and slowly, but uncontrollably, to grow larger, unattended by pain, or tenderness upon pressure. From its slow development Mr. R.'s attention was not particularly directed to it, until about six months since, when it rapidly enlarged; it was shortly after this period that he consulted me. In the centre of the forehead I found a pulsating tumor, not of a very circumscribed form, approaching the size of an almond. On its upper surface was observed a purple spot, the lower portion of the skin appearing quite sound; it was easily compressed, but re-distended itself when the finger was removed from its surface; both temporal arteries could be distinctly traced, large, tortuous and throbbing, entering the upper third of the tumor, whilst the orbitary artery beneath greatly increased in calibre, was found to enter its right and inferior portion. The pressure of these vessels by the finger caused the pulsation to be more feeble, but did not suppress it entirely; bodily exertion or mental excitement invariably augmented both its size and throbbing.

Mr. Crosse, of Norwich, who saw the case in consultation with me, agreed with my opinion as to the expediency of cutting out the morbid tissue. On Saturday, the 3d day of May, I performed the operation, assisted by an intelligent friend. An incision was made on each side the tumor, forming an ellipsis, and these at such a distance from each other as completely to encompass the diseased mass; the tumor was rapidly dissected out, laying bare the pericranium. For a short time the bleeding was vehement, until the divided trunks of the arteries which nourished the disease were secured by ligature: these means, in conjunction with moderate pressure, effectually arrested the hæmorrhage. For the first two or three days cold-water dressings were employed, and at the end of a month cicatrization of the wound was completed.—*Ibid.*

SULPHUR IN RHEUMATIC AFFECTIONS.

BY CHARLES CLAY, SURGEON, MANCHESTER.

I HAVE used sulphur for some years, very successfully, in chronic rheumatic affections, in which I think it a valuable remedy. I was first induced to try it, from observing the very marked effect of bandages enclosing sulphur, when applied round the limbs affected (Cole's patent bandages being on this principle). The relief in many cases was immediate. Some time after this, an elderly female came under my care for psora, independent of which she was much troubled with chronic rheumatism. While she used the means for curing the eruption, all the pains of her former affection disappeared; but as the eruption soon disappeared also, and the application of the sulphur ointment was no

longer required, it was given up. Soon after, however, the rheumatism returned. I then advised her to take a drachm and a half or two drachms of the following powder, two or three times daily in milk:—
R. Washed sulphur, ʒiij. ; liquorice powder, ʒj.

By the steady use of this medicine, for the space of three weeks, she was entirely freed from her old tormentor. As this was some years ago, she has had occasional returns, which have invariably given way to the same remedy. I have since tried it in a considerable number of cases, and though not successful in every one, sufficient relief was obtained to add credit to the application, and, in a vast majority of cases, the affection was entirely removed.

In addition to the washed sulphur administered internally, I am also in the habit of applying plasters around the wrists and ankles, composed of two thirds of lead plaster, and one third of washed sulphur; the first melted down, and the latter stirred quickly in, and spread on leather. I have found considerable advantage in exhibiting it in acute cases, as it does not in the least interfere with any antiphlogistic treatment. In some cases it is apt to purge too actively; in such, the dose is regulated accordingly. A gentle action on the bowels is, however, requisite. In cramp pains the sulphur is, to a certain extent, a specific; and Dr. Chapman's remarks, in his "*Elements of Therapeutics*," are founded on fact. I have frequently seen cases of cramp pains in the arms relieved by grasping a roll of sulphur.

Under such views, I am not in the least surprised at the success of Dr. Munk, when applying this remedy in cases of angina pectoris, the paroxysm of which may be, as Drs. Heberden and Forbes have suggested, *a cramp or spasm of the muscular structure of the heart*. I have, like Dr. Munk, found great objections made to the smell of sulphur remedies; and it would be a great desideratum if we could divest it of that fault without impairing its qualities. As this, however, is unlikely, we must bear with the inconvenience, confident that patients laboring under long-standing rheumatism, or cramps, would be glad of relief at the expense of a bad smell. Sulphur deserves a more general trial by the profession at large.—*Ibid.*

RELIEF OF STRABISMUS BY DIVISION OF THE TENDON OF INTERNAL RECTUS MUSCLE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—When, in the last number of your Journal, you quoted me as having said to you, that the "division of the recti muscles was one of the simplest affairs in the whole field of surgery," either you misapprehended my casual remark, or else I spoke inconsiderately. Although the operation is not so complex as some, there are many which are less so, and I merely intended to say, that the internal rectus muscle might be divided with ease and certainty. The other recti muscles I have found, on a dead subject, to be not so accessible, and fortunately they can

but seldom need to be divided. I subjoin a brief account of the case to which you refer.

Miss S. H. has had both eyes turned inward from birth, the strabismus being greatest in the left, the pupil of which is not unfrequently hidden at the inner canthus. The operation was performed Sept. 9th, upon the left eye, with the assistance of Drs. Davenport and Gray, in the mode described by Mr. Lucas, of London, which differs from that practised by the original inventor, Dieffenbach, in substituting a hook for forceps with which to raise the conjunctiva, and in everting the eye by means of a blunt hook passed under the tendon of the muscle, rather than by hooks seizing upon the sclerotic; by the first of which changes the operation is certainly much facilitated, while by the second all risk of wounding the internal textures of the eye is obviated. The right eye being bandaged, and the left everted as far as possible, bringing the cornea in this case a little nearer to the external than the internal canthus; the conjunctiva, raised upon a hook inserted about two and a half lines from the cornea, was divided from within outwards, leaving the hook in that portion of conjunctiva towards the inner canthus. A portion of cellular tissue, which became infiltrated with the few drops of blood that had escaped, being divided, the tendon of the muscle was fairly exposed, and, a blunt hook being carried beneath, it was brought forward and divided with scissors. The patient kept her eye steadily everted, and says that she experienced but little pain. No immediate alteration was seen in the condition of the eye, except that she could at once turn the cornea quite to the outer canthus. Eyes to be closed, and the left covered by a fold of linen frequently dipped in cold water. Light diet. No pain was experienced, except a dull aching for about 24 hours after the operation; no inflammation took place beyond the limits of the incision in the conjunctiva; and on the third day, the eyes were directed to be uncovered (she had been previously reading with the right). A slight abatement of the strabismus was perceptible, and she stated, that in everting this eye, she did not feel, as formerly, a tension as of a cord toward the inner corner.

A gradual improvement has since taken place, and although the strabismus has not wholly disappeared, there is now a decided amendment of it. She remarked to me spontaneously, that she was confident, without looking at the eye, that the strabismus must have lessened, because her vision is increased; the left eye being now used together with the right.

Boston, Sept. 24th, 1840.

JOHN H. DIX.

TRILLIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—For several years I have been trying the virtues of Trillium in internal hemorrhagic cases. I know not how extensively this has been used by my professional brethren, but the only physician whom I have heard recommend this article was the late Professor Nathan Smith, of Yale Medical College. I believe he frequently prescribed the trillium

in uterine and other cases of hemorrhage, and I heard him, in his lectures on theory and practice, strongly favor its use. He generally prescribed it in powder, in doses of from a small to a large spoonful, every 2, 4, or 6 hours, according to the urgency of the symptoms. In the year 1830 I first used it in a severe case of hematemesis of an old lady of feeble constitution, whose symptoms were not controlled by emetics and cathartics, and also opium and lead united. The trillium was ordered in two-teaspoonful doses, in powder, every hour, until hemorrhage should be checked. Two or three doses were in this case sufficient to entirely command the symptoms, and no relapse followed. In a severe case of uterine hemorrhage, of several months' standing, where the lady was confined for the most of her time to bed (as any other position than the recumbent would cause an immediate and often profuse discharge), the trillium was used in large doses, repeated every 4 or 6 hours, for three weeks, with perfect success, and no relapse followed. In this case astringents, tonics and opiates, separate and conjoined, together with counter-irritants, had been used with little or no effect. Ergot had a more decided benefit than all other medicines, but did not long control the hemorrhage. I have also found the trillium useful in epistaxis, but not equal to the comp. tinct. of vitriol.

From the experience I have had, I should think the trillium had a more decided effect in uterine hemorrhage of the passive kind, than all other remedies. Indeed, I have never used it when the pulse indicated venesection, until reduced, and consequently cannot judge whether it would be useful in the first stages of entonic hemorrhage. One of my medical friends found the trillium beneficial in hemorrhage of the bowels from typhus. I never had occasion to use it under such circumstances, and know nothing from experience.

I should not have written thus briefly upon an article which I think worthy of more attention, had I not wished to fill up a sheet otherwise intended. You will of course make what use of these hasty remarks you choose.

D. H. HUBBARD.

Bloomfield, Ct., Sept. 22d, 1840.

LARGE TUMOR OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the subject of tumors is one of much importance to the practising surgeon, it may be of some service to mention a case which I saw a short time ago while travelling in Maine. The patient was a girl about fifteen years of age, rather of a scrofulous diathesis, combined with a nervous temperament. She has a tumor that commenced about two years since, with a pain on the right side of the face, near the angle of the inferior maxillary bone. It was at first a small, hard tumor, which was operated upon twice, with but little good effect, for as soon as the incision healed, the tumor commenced growing again, and has grown rapidly for the last six months. At the present time it is as large as the head of a full-grown foetus, involving the eye, mouth and

ear. I beg leave to express a hope that Dr. McRuer, of Bangor, the attending surgeon, will make a full report of the nature and history of the tumor through the columns of your Journal, for the benefit of the profession.

Respectfully yours,

Marblehead, Sept. 14, 1840.

J. H. COGGESHALL, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 30, 1840.

DEATH OF DR. TICKNOR.

With feelings of profound sorrow, we announce to the profession the recent death of Caleb Ticknor, M.D., of the city of New York, who has been taken away in the meridian of his usefulness, at the age of 36. Dr. Ticknor was extensively known in this country and in Europe. His *PHILOSOPHY OF LIVING*, a work greatly admired, gave him a reputation wherever the English language is spoken. He was talented, industrious and philanthropic, and devoted to the science of medicine because it gave him an opportunity of doing good. It is our impression that he was a native of Salisbury, Conn., and one of three brothers, who were physicians. One of the number is an eminent surgeon in the naval service, and the other still resides at Salisbury. The lamented subject of this brief notice received his professional education at the Berkshire Medical Institution—a circumstance of which the friends of that school may well be proud.

Very many papers have appeared in the Journals which were from the pen of Dr. Ticknor, though perhaps rarely known to have been from that source. Such was the fact in regard to articles in this Journal. We were expecting a critical essay from him, about which letters have but recently been interchanged, when the melancholy intelligence of his death was accidentally discovered in one of the daily papers. He had engaged, too, to prepare several pages on the statistics of homœopathy in the United States, for the next volume of the Medical Almanac. A hope is entertained that the undertaking was completed before death closed his labors. Dr. Ticknor became a thorough convert to Hahnemannism, from an honest conviction that it was a rational system, notwithstanding the ridicule it so often excites. The idea of profiting by what is usually considered a hallucination of a portion of the civilized world, never once entered his mind. He was honest in his intentions, and dared to brave the public sentiment which at one time set with a strong flood against him. This is gleaned from his own letters to the editor. Although we differed with him entirely upon the merits and claims of homœopathy, the circumstance interposed no barrier to friendship. We esteemed him for his integrity and sterling worth of character, and now mourn his early death as an irreparable loss to the republic of letters, to science, and to humanity.

It should be the immediate business of those who are favorably circumstanced, to collect the various productions of Dr. Ticknor's hours of study, and append to them a memoir of his life, which, if published,

would be an acceptable offering to the friends and admirers of that excellent man.

Operation for Strabismus.—Dr. Parker, professor of surgery in the New York College of Physicians and Surgeons, performed the operation of dividing the internal rectus muscle of the eye, on the 2d inst., at Pittsfield, Mass. The deformity was of 20 years' standing. The eye immediately came to its right position. Although a delicate, it is a perfectly safe operation, and will doubtless become very frequent. It has been suggested that Dr. Parker's case was the first in this country; but on turning back to the Journal of Sept 16th, it will be seen that reference is made to the success of Dr. Hays, of Philadelphia, who had performed the operation three times. To-day we give a communication from Dr. Dix, of this city, on the same subject, which will be read with interest. Now some one must ascertain who has the honor of first copying Diefenbach, in America. Mr. Liston has been thought to be the first in England, where much attention is now paid to it, though we perceive by a late No. of the Lancet that Mr. Bennett Lucas claims the honor of being the first. The following remarks by Mr. L. will give the reader some idea of his success.

"Since the last report of the cases in which I have operated, I have divided the inner rectus in six other cases, making a total of 38; and that experience, together with the experience of other surgeons, fully warrants me in stating, that the application to the human eye of the division of its muscles for deformities is still in its infancy. It is only by the surgeon keeping a faithful and accurate report of the cases which pass through his hands that improvements can be effected in this new operation. When I hear of 250 cases having been operated upon with perfect success in all, I confess I receive such a report with some degree of scepticism; more particularly when I have seen the eye to remain perfectly straight for 11 days, and then to incline again inwards, demanding a second operation. If the operation were one of difficulty, it might justly be said that some of the fibres of the muscle had not, in the first instance, been divided; but the man must be a sad bungler who leaves his operation thus imperfect. As I have already reported, I had to operate a second time in two cases, and I found the muscle adherent to the sclerotic coat, a very short distance behind its original insertion; and that it was this new attachment of the muscle which drew the eye slightly inwards on the 11th day; the proof of which was that on the muscle again being divided, the eye became straight.

"So intimately are the tendons of the ocular muscles connected with the sclerotica, that great care should be taken to avoid injuring the latter when dividing any of their tendons. A gentleman who was present some weeks since, at an operation for strabismus, told me that the sclerotica was divided, and that a portion of the vitreous humor escaped. The best instrument to provide against an occurrence of this kind is the blunt hook, which I have used in every instance, and which I take the credit of introducing to the notice of the profession, through the pages of the Lancet. With it and a common pair of straight scissors, the tendon of the muscle can safely and effectually be divided, without resorting to the unnecessary proceeding of dissecting the inner part of the ball of the eye perfectly clean; it protects the sclerotic coat perfectly, and it gives us complete command over the muscle and the eyeball, no matter how much the patient may struggle."

Surgical Instruments.—Having been gratified with an examination of several instruments recently manufactured by Mr. Charles A. Zeitz, a German, whose establishment is at No. 350 Washington street, in this city, we feel bound to speak in terms of warm commendation of his ingenuity and beautiful workmanship. Gentlemen in the country will be gratified to know that they are no longer obliged to forward their orders to New York or Philadelphia, since there is no contrivance denominated a surgical instrument, that cannot be expeditiously, thoroughly and elegantly made in Boston. It is an acquisition to the operators of the city, and in fact to those throughout New England, to have two such artizans as Mr. Zeitz and Mr. Phelps, who have been here a sufficient time to gain the confidence of the class of customers for whom they toil. Such are the facilities of communication with Boston, through rail-roads and steam-boats, that goods may now be asked for and received at the remotest sections of the country in so short a period as to surprise those who are not personally conversant with this new order of things. Thus, under some circumstances, on deciding upon an important surgical operation, if found necessary to change the form of the principal instrument, or to have new ones suited to the peculiar circumstances of the case, a drawing may be sent off, fashioned in steel, and returned before any sensible injury would accrue to the patient from the trifling delay.

A tonsil cutter, an improvement upon the common tonsil instrument, invented by Mr. Zeitz, has excited the admiration of those who have seen it. The lancet is brought back into its sheath by a spiral spring, thus giving the operator the advantage of acting independently of an assistant—a point, apparently never contemplated in the construction of the common or old-fashioned instrument. This was expressly designed, it is said, for the Mass. Gen. Hospital—the surgeons of that institution being always prompt, to their individual honor, in securing, at once, every improvement in the construction of instruments.—Another, equally distinguished for the nicety of its construction, is a hernial bistoury. Dissecting cases, also, of a new pattern, and reasonable in price, besides a multitude of articles, a catalogue of which could not be well remembered, may be found at Mr. Zeitz's place of business—and we recommend him to the encouragement of the profession generally.

Mr. Phelps, who is located in Court street, is so well known as the manufacturer of numerous contrivances to better the condition of distorted invalids, that a further notice from this source would not materially extend the boundaries of his reputation.

Philadelphia School of Anatomy.—Dr. McClintock, favorably known to gentlemen who visit Philadelphia for medical instruction, has issued his annual circular and prospectus of the next course of anatomical lectures. One hundred and thirty-five persons were in attendance last year—which is the best of all comments on Dr. McClintock's ability to teach.—It is a matter of surprise that some one of the medical schools of that city did not secure his services long ago. If, unaided and alone, without a single lift from a corporation lever, he can draw together, by the mere dint of his own reputation for being a superior teacher of practical anatomy, 135 pupils, in the very neighborhood of three medical institutions, it would be a capital move, on the score of economy, to place Dr. McClintock in a regular professorship. There are two or three other individuals

in Philadelphia, that might be named, who are eminently qualified to add to the reputation of any medical school.

New Books.—Prompted, as we occasionally are, to give notoriety to new books, we wish it to be distinctly understood that no such notices will be circulated through these pages, unless a copy is sent to the office. It is essential to be thus provided, since extracts, as specimens, cannot be made if the book is not at hand to copy from. There are several new publications at Ticknor's, both originals and Philadelphia reprints—the titles of which are not even known to us. How can we send abroad the intelligence which publishers or authors most desire, if we are not provided with one single fact in the case?

Rumination in Man. By WM. WILSON, Surgeon, R. N.—In consequence of a communication from me to the *Lancet* of the 1st inst., on the subject of rumination in the human species, I received a letter from Lieut. J. A. Walker, on the half-pay 34th Regiment, of Cliff-house, Torquay, Devon, who keeps a very respectable establishment well calculated to improve the health of his young pupils, as well as to cultivate their minds. If you think the statement of one more case on that subject, treated, as he mentions in another part of his letter, “with attention to *simple* but often *neglected* points” of regimen, worthy of a place in your universally read hebdomadal, I send you the following extract from Lieut. Walker's very sensible letter:—

“Between two and three years ago a boy, aged 7, was placed under my care as a pupil, with special reference to his health, extremely diminutive, and in the habit of *bolting* and regurgitating his food; breath sour and foetid, so much so as to taint the atmosphere of any apartment after a fit of ruminating.

“I simply made him eat slowly, masticate his food well, and use a sufficient quantity of salt, occasionally giving him some mild deobstruent, though at this distance of time I cannot exactly call to mind the precise medicine exhibited; at the same time I took especial care that he did not overload his stomach. In two or three weeks, adding a little salutary fear of correction to the medical measures, the obnoxious habit was pretty well subdued, and has long since been wholly abandoned; though still small, his physical development is much more healthy and vigorous. Indeed, from March 25th to June 25th, his expenses under the head of medicine, amounted to exactly *three pence*.”—*Lancet*.

Epulis, Removal of a Portion of the Lower Jaw.—W. L. was admitted to the University College Hospital June 8, under Mr. Liston. Six months ago she had bad teeth in front of the lower jaw, and perceived some slight swelling of the gum between the front teeth. This gradually increased, displacing the teeth, until the present time. It has never been painful, and does not discharge.

At present she has a swelling in front of the lower jaw, about the size of, but longer, than a nutmeg, involving the base of five teeth. It is but slightly elastic, does not discharge, and is exactly similar in texture to the gum. It only involves the upper part of the alveolar process. Mr. Liston determined on removing the tumor, and the alveolar process from which it arose. An incision was made with a crooked knife behind the

tumor; the lower lip was then somewhat separated from the lower jaw, and the soft parts at the base and side of the tumor divided. The alveolar process was then sawn down on each of the tumor, and the whole nipped across with a pair of cross-cutting forceps. Some lint dipped in cold water was applied to the part, and the hæmorrhage, which was but slight, soon ceased. No dressing was applied.

June 11. The patient is walking about as usual; the parts in the mouth are healing fast; she suffers no pain, and there is now but little salivation.

23d. The parts are quite healed, and the patient well.—*Ibid.*

Death of Graefe.—We regret to announce the decease of this distinguished surgeon, which took place on the fourth of the present month (July), at Hanover, whither he had repaired for the purpose of operating on Prince George, of Cumberland, for cataract. His remains have been conveyed back to Berlin.—*London Medical Gazette.*

They have a fine class of about 70 students at the Berkshire Medical School.

To SUBSCRIBERS.—We are gratified in being able to acknowledge the attention of some of our distant subscribers, who have recently forwarded their subscriptions for the Journal. We are aware of the difficulty of obtaining, in some places, funds that will be of any service in Boston. In almost all cases, however, the current bills of the State in which each subscriber resides will be received, although we should of course prefer eastern bills when they can be procured. We wish our friends would bear this in mind, and also the fact that postmasters are authorized to forward money, free of expense, to publishers. Our subscribers at the South and West are sadly in arrears—so much so, that a pretty extensive circulation there has been of no pecuniary benefit to us the past year. Some little exertion on the part of each subscriber would in a great measure remedy this state of things.

DIED.—At New York, Caleb Ticknor, M.D., 36, formerly of Salisbury, Ct.—At New Brunswick, N. J., Edward Carroll, M.D., 73, formerly of Jamaica.

Number of deaths in Boston for the week ending Sept. 26, 40.—Males, 17—females, 23. Stillborn, 1. Of consumption, 7—hooping cough, 3—infantile, 2—dysentery, 3—lung fever, 2—fits, 1—child-bed, 1—fever, 1—casualty, 1—inflammation of the lungs 1—cholera infantum, 1—syphilis, 1—old age, 2—erysipelas, 1—drowned, 1—asthma, 1—canker in the bowels, 1—dropsy, 1—bowel complaint, 1—hemorrhage, 1—typhous fever, 1—paralysis, 1—croup, 1—smallpox, 1.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	JOHN DELAMATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	SUMNER RHODES, M.D., Geneva.
	THOMAS SPENCER, Registrar.
	C. B. COVENTRY, Dean.

Geneva, July, 1840. Jy 15—tOI

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held at their rooms, rear of the Athenæum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.

GEO. W. OTIS, JR., Rec. Sec'y.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	- - - - -	Prof. WARRÉN.
Midwifery and Medical Jurisprudence, by	- - - - -	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Prof. HAYWARD.
Chemistry, by	- - - - -	Prof. WEBSTER.
Theory and Practice of Physic, by	- - - - -	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

WALTER CHANNING, *Dean.*

Boston, July 6, 1840.

Jy 15—tN1

TREMONT-STREET MEDICAL SCHOOL.

The annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

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JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HURSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANGBOST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

JOHN REVERE, M.D.,

Philadelphia, July 15, 1840.

A. 26.—tN1

Dean of the Faculty.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

JOSEPH BATES, *Lebanon Springs.*
CHILD & LEE, *Pittsfield.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, OCTOBER 7, 1840.

No. 9.

HOSPITALS AT CANTON AND MACAO.

BY G. T. LAY, ESQ.

THE Ophthalmic Hospital at Canton was opened by Dr. Parker, from the United States, in 1835, through the advice and encouragement of Dr. Colledge, who had himself set the example by commencing a similar undertaking at Macao, about seven years before that period. The hospital at Canton consists of a large hall upon the ground floor, a corresponding room with two or three apartments upon the first floor, and a second floor divided into wards for the patients. The building was not intended for the purpose, and is, therefore, not so happy in its contrivance as could be wished; but from the opening, 1835 to 1839, 6300 patients had been entered, all of them affected with some very serious disorder, and all, with here and there an exception, returning to their homes in perfect health. The success which has almost uniformly attended every case, would be regarded in the light of a miracle, did we not call to mind two or three natural causes, which have abetted professional skill in a remarkable manner. In the first place, the constitution of a Chinese yields easily to the impression of medicine, so that every dose of physic exerts some decided effect; in the second place, the system of a Chinese is so happily tempered, that inflammation seldom rises to a higher degree than is necessary to set up the healing process; if there be blood enough left to keep the machine at work, the surgeon may divest himself of all anxious feelings, for the patient will certainly do well; in the third place, the mind of a native is well stocked with patience, and imbued with the very spirit of acquiescence, hence the restorative functions are seldom impeded by fretful or laborious thinking. He is a patient in the classic sense of the term, "*pacis pulveris atque solis*," that is capable of enduring.

On Mondays a crowd of persons throng the lower hall, and generally manifest so much eagerness to hear the doctor's judgment on their case that it is necessary to keep them at a proper distance by a rail. In the centre of an extemporaneous enclosure the physician takes his seat, while two or three of his native assistants admit the candidates one by one for examination. If their case be hopeful, they are allowed to pass up a flight of stairs to the hall above. Not a few eyeless wretches present themselves, and many others, whose maladies are equally beyond the reach of cure; for report wafted along amidst the glitter of Chinese hyperbole has encouraged them to think that there was no

limit to the skill of the wonder-working stranger. As the rejection of these poor creatures dissipates the fond dream of hope, and consigns them to bleak despair, a native, with a kindness of manner and a compassionate tone of voice, is selected to communicate this sad intelligence to them. But notes of sympathy cannot allay the keenness of disappointment; and they generally retire as lost and bewildered, as the man who leaves the bar of justice for the condemned cell.

The hall on the second floor exhibits a different picture; instead of stir, conflict and confusion, those who were fortunate enough to gain admittance range themselves upon the seats that run round the room, and quietly wait till the physician has time to prescribe for their case. The anxiety manifested below stairs was to hear the doctor's decision; and such is the unbounded confidence reposed in him, that as soon as the patients find it to be favorable they recover their wonted composure, and wait for the treatment without any uneasy conjectures as to the smart it might cost them. In number the females nearly equal the males, and far surpass them in sense and magnanimity. The extirpation of a cancerous breast, a frequent operation, is submitted to sometimes without a sigh or a groan, always with a fortitude that does the highest honor to womanhood in China. The prejudices of the Chinese disappear before the light of medical philanthropy: fondness for national systems, dread of blood, aversion to foreigners, are all absorbed in the hope of cure, and the native man and native woman sit down at the feet of the stranger to be dealt with in any way he may think fit.

The hospital at Macao is situated near the inner harbor, and, from an island called the Lassa, it forms the principal object in the foreground of a very pretty picture. It has 19 rooms upon the ground floor, and as many upon the second story. It is built of brick, of strong and durable workmanship. The ground plot is about a third of an acre in extent, and is surrounded by a substantial wall of the same material; a garden with three wells of water in the rear, and a grassy enclosure in front. This was opened by Dr. Parker in 1838, and subsequently conducted by Dr. Hobson and another English gentleman, till the imperial edict commanded the withdrawal of British subjects. It is owned by the Medical Missionary Society, which was organized in 1838, with the view of clearing all the expenses that might be incurred in the support of this and the other at Canton. The salaries of the medical officers were not then in contemplation, as it was expected that the religious boards would provide for their representatives. A society has been lately formed in London, under the name of the *Medical Philanthropic Society*, which, when the Chinese authorities shall be brought to terms, purposes to send well-qualified persons to practise in these hospitals, or to establish others in eligible situations. The advantages which result from such enterprises may be summed up under the following heads:—

1. They give us an opportunity of studying the native character, and of becoming intimately acquainted with the habits and customs of the people.

2. They exhibit the men from Old and New England under their most favorable aspect, as scientific and benevolent, and thus put us in

the best attitude for promoting the moral and intellectual advancement of the natives.

3. The hospitals afford capital means for training the natives in medicine and surgery. Dr. Parker has two regular pupils, and is waited upon by two or three others, who are ambitious to be thought his disciples among their own countrymen.

4. As the foreign practitioner is often called in during a course of native treatment, Chinese remedies are brought under his notice, and he has an opportunity of witnessing the cases in which they are administered, as well as their nature and efficacy. The Chinese materia medica is very extensive, and their apothecaries' shops in arrangement, neatness, and the accuracy with which prescriptions are dispensed, form no inadequate counterparts of our own.

5. A knowledge of diseases peculiar to the country is gained. Native works are voluminous, and exhibit many disorders, which either radically or in some important feature differ from diseases in the West. The geographical distribution of the maladies incident to man, under differing climes and upon various soils, is a subject that merits research, since it will suggest many hints as to the exciting causes of disease, lead to new experiments in the mode of treatment, and tend perhaps more than anything else to give the stamp of philosophic precision to our systems of nosology.

THE HEALTH AND LONGEVITY OF THE ANCIENTS AND MODERNS.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IT has often appeared to me that an inquiry into the causes of the ancients being more healthy and longer lived than the moderns, was not only capable of affording us considerable pleasure and information, but must also prove of considerable utility. If the ancients did actually live longer than we do—if they were better formed, more beautifully and regularly organized—if they enjoyed better health, had firmer constitutions, and passed their lives more agreeably, then it is of vast importance to try to ascertain what gave them this advantage over us.

It may be said by some, that we have no desire to go back into the dust and the damps of antiquity to learn the laws of the human economy. Granted: we have no intention of going back to the ancient sages to teach us the laws of nature—anatomy, physiology, pathology, or any of the sciences. Our school-boys are now wiser, in many things, than were the Platoes and Aristotles of old. But if, with all their ignorance, their darkness, and their superstition, they lived longer and more healthy lives than we do, we ought to be willing to inquire of them the cause of this—to be taught by them, and to follow their examples. Man consents to learn many things of the beasts that perish. It has been the pleasure of the Almighty that man should

"Learn from the birds what food the thickets yield,
Learn from the beasts the physic of the field,
The arts of building from the bee receive,
Learn of the mole to plough, the worm to weave."

Why not, then, go back to the ancients, and although they are our inferiors in point of knowledge, learn of them what gave them their physical superiority over men of the present day? This would be acquiring our knowledge of human life, from examples—and it would do us more good than all the vain, empty theories, the philosophies of living, and the sciences of human life, which of late years have been so profusely scattered amongst us.

We cannot, for a moment, question the fact, that the ancients were longer lived than the moderns. Not only does sacred history declare this, but profane history corroborates it. Neither can we doubt the other fact, that men were anciently possessed of a greater degree of corporeal vigor, than they are at this day. This is an impression which we gather from the perusal of all history, and which is probably correct. Gibbon, whose acquaintance with the manners and customs, and with the constitution of both mind and body, of the ancients, perhaps surpassed that of any other man, tells us that they were superior to the moderns in strength of body and of mind—that they were able to bear more fatigue, to undergo more hardships, to suffer greater exposures, and to overcome greater difficulties, than are the men of the present time. He tells us, in his smooth, vigorous language, that even the weight of the arms alone which the Roman soldiers carried, “would oppress the delicacy of the modern soldier.”

Let us then inquire what gave the ancients their superiority over us in their mental and corporeal powers. We shall find, in making this inquiry, that one of the first causes which produces a difference in the health and longevity of the ancients and of the moderns, is the difference in the manner of their education. The system of education which was pursued by many of the nations of antiquity, was far better calculated to develope both the powers of the mind and the body, than the system which is adopted in modern times. Although the ancients were unacquainted with the sciences of anatomy and physiology, yet they, in educating their children, did not so often violate the laws of the animal economy as we do at the present day of knowledge and refinement. They trained up their offspring in such a manner that their minds and their bodies might be developed simultaneously. They never attempted to cultivate the mind independently of physical cultivation—to manage the mind as though it were an entity, a being, an existence separate and independent of physical organization. This is too often attempted in modern times. Go into many of our public schools, and you will see the tender mind urged forward by every stimulus which ingenuity can devise, and made to acquire that learning which should be left for a more mature age to comprehend. In this manner children become precocious—their minds and their bodies become sadly unbalanced—they are pressed forward like plants in a hot-house—they are compelled to acquire the knowledge which can do them but little good, and while they are more forward than children that have not been thus stimulated, the real strength of their minds is perhaps less.

And what is the consequence of this crowding of the young mind,

of this pretended cultivation of the mental powers, while the corporeal are almost wholly disregarded? Can it be expected that children will have any greater minds from our attempting to teach them Plato before they have emerged from the cradle—to instil into them the science of political economy before they have left the arms of their nurses—and to teach them Euclid, when they should be at play with their dolls? The youthful mind cannot be thus pressed forward. By trying to crowd too much into it, we leave it no room to comprehend anything thoroughly; or else, the mind becomes too great for the body, and the body sinks beneath its weight. This urging of the mind, with a total disregard of the body, is one of the greatest errors in the system of modern education; and until it is corrected—until the body and the mind are cultivated simultaneously—the moderns will continue to be inferior to the ancients in the strength and the vigor of their intellectual powers.

Perhaps we shall see this subject set forth in a clearer light, if we compare the modern mode of education, in some of its leading features, with that of the ancients. Let us, for instance, take the Spartan mode, and compare it with ours, and we shall immediately perceive how much better calculated it was to develop the energies, both of the body and the mind, than ours is. First, we shall find that in childhood the Spartan youth was allowed the free and unrestrained exercise of his limbs. He was not prohibited the free use of the vital air, lest the sun or the wind might somewhat embrown his beautiful cheeks. He was not restrained from engaging in any of the sports of childhood which would have a tendency to develop his corporeal organs, and render his health firm and vigorous. Neither was he packed, at the age of four, into an ugly, villainous, ill-contrived school-house, and there cramped up among the crowd, with his little limbs contorted into all imaginable shapes, and compelled to sit for six or eight hours a day, breathing the impure, vitiated air; and all this for his own especial edification, for the gratification of fond parents, who blindly imagine they are making prodigies of their children, and for the unspeakable pleasure of the teacher, who delights to get a high pressure on the tender mind. He was not, during his infancy, stuffed with sweetmeats and fed upon delicacies, which would tend to disorder his health, render him unnaturally precocious, and enervate both body and mind. Neither was he forced to wear twice as many clothes as were necessary; nor did he, in the summer, perspire his strength away by sleeping on a bed of down, nor become debilitated in the winter by sleeping in heated rooms. When he grew older, he was entirely separated from his parents and parental authority, and put under the care and guardianship of the State. Here he was taught the manly exercises, and his mind and body were cultivated simultaneously. And here, too, he was taught those virtues which are so essentially necessary to the people of a free government. Here temperance, honor, honesty and fortitude were taught him. The cultivation of the mind was not thought to be more important than the cultivation of the body, but they were both looked upon as equally worthy of cultivation, and both equally cultivated. In this manner, men were produced whose health was unbroken by physical infirmities, whose bodily powers were

astonishingly great, and whose minds, if they were inferior in vigor to their bodies, were as great and as powerful, at least, as are the minds of men at the present day.

Now reverse the picture, and we shall have a precise view of the modern mode of education. Whilst the Spartan child was engaged in those sports which would give him energy and corporeal vigor, the modern child is confined and forbidden that exercise which is necessary to give him health of body and mind. Whilst the Spartan youth directed his attention to the manly and robust exercises, the modern youth too often grows up in luxury, and of course is effeminate. The whole life of the ancients and of the moderns is a perfect contrast to each other, as regards their manner of life and mode of education ; and the result of this difference is evident to the most casual observer.

The great defect in the modern mode of teaching, is the attempt to crowd too much into the mind, which is frequently treated as if it were capable of expanding itself at once and indefinitely. But this is a sad mistake. If the mind is too much crowded, instead of being rendered stronger and furnished with more knowledge, it is in effect rendered weaker, and what knowledge is thus forced into it, lies there in confusion, and is seldom of much use to the possessor. The mind is that part of man which must gradually expand and unfold itself beneath the power of education, as the tender bud expands and unfolds itself into a beautiful flower beneath the gentle influence of the summer sun.

Let us here just inquire what is education, and what are its chief objects? It is not, surely, the cultivation of the mind or the body independent of each other. It is not the adding strength to the mind at the expense of the body. This cannot be done ; or, at least, it cannot be done with impunity. Education, in the broadest sense of the word, consists in that training of the mind and body which shall fit a person to discharge all the duties of life, and which shall especially prepare him to fill that station in which chance or intention may have placed him. It is not that man who has acquired the most knowledge, who is the best educated. This is often far from being the case. A man may have acquired many of the thoughts of other men, and yet he may not, himself, be able to think either correctly or profoundly. "Education," says Beattie, "should be to teach us rather how to think than what to think—rather to improve our minds so as to enable us to think for ourselves, than to load the memory with the thoughts of other men." It is in this that the ancient mode of education is superior to the modern. The ancients, when they had finished their education, had not acquired so much knowledge as the moderns acquire when they have finished theirs ; but their minds and their bodies were both cultivated, and they went into the world far better fitted to meet the many difficulties of life, and to perform its various offices.

Let it not be understood that I am a blind admirer of the ancients—of their institutions, their forms of government, religion, &c. I am not. I would merely say, that if we were more nearly to follow out the ancient system in educating our youth, we should see men of firmer bodies and of more vigorous health, men longer lived, and, with due

deference to all who may be of a different opinion, men of greater and more powerful minds than those which we behold at the present day.

A difference, also, in the occupations of the ancients and the moderns, tends to produce a difference in their health, constitutions and longevity. The occupations which a great portion of the ancients followed were better calculated to develop the corporeal powers than are those followed by a great majority of the moderns. I will not say that their employments were better fitted to develop the moral powers of man, than our employments are; but I think they had as salutary an effect even on these higher powers of man. The occupations which mostly engaged their attention were those of war and husbandry; and their husbandry consisted of a rude kind, such as the tending of flocks, &c., which did not require a great deal of personal labor. That vast class of merchants, manufacturers and literary men, who in modern times are continually transgressing the laws of the animal economy, did not exist in ancient times. War, it may be said, is, in every sense of the word, unfriendly to man. This is indeed true; war, upon the whole, is a curse and a scourge to the human family. It has retarded the progress of morality more, perhaps, than any one thing else. Yet I think that it may be demonstrated, that all that vast class of men who in ancient times followed the trade of war, not only possessed a firmer physical constitution than do a great portion of mankind at the present day, but also possessed more exalted moral powers, although their trade was war, and their occupation was the art of killing.

But some one, perhaps, will say that this is exalting the ancients too high, and bringing the moderns down too low. This we believe not to be the case. Let any one read history, and at the same time make observations on the race of beings of the present time, and he will be convinced that there is as great a balance in favor of the ancients, both as regards their moral and their physical nature, as has here been represented. And we wish it to be understood as our firm opinion, that the human race has degenerated, and that difference of occupations is one great cause of the difference in the moral and physical powers of the ancients and moderns.

Let me not be understood to rail at refinement and civilization. Far from it. The moderns, in many of the arts and sciences, have gone far beyond the ancients. They have made discoveries and sought out inventions, of which the ancients had not the remotest idea. The powers of the magnet have been discovered, and found capable of guiding man to all parts of the world; the telescope has revealed to him the wonders of the starry heavens; chemistry and astronomy have taught him wonders; the art of printing has given him the power of communicating his thoughts to all the earth; steam has conferred the ability to move from place to place with the velocity of the wind; and ten thousand other inventions have been made, of which the inhabitants of the ancient world had no conception. But has this march of improvement in knowledge been the means of rendering men stronger, or more vigorous in mind or body? Has this march of mind, as modern philosophers call it, been the means of rendering men longer lived? The

answer is conclusive, in my mind, that it has not ; but that it has had an effect entirely the contrary, viz., to render the whole human family more unhealthy and shorter lived than they formerly were. Not that civilization and refinement are incapable of improving the moral and the physical condition of man. If men, as they advance in refinement, were to cultivate equally all the powers of body and mind, the human race would not degenerate. But this has not been the case ; the farther men advance in refinement, the farther they carry the arts and sciences ; and if they are not guided and directed, and even compelled, to cultivate all the faculties alike, they will assuredly bring one faculty to a high state of cultivation, whilst some other lies entirely dormant. We may illustrate the above remark by directing the attention to the man that devotes his whole time to literary pursuits, and to the one that is confined as an operative in some of our manufactories. The one gets his livelihood by the exclusive exercise of his mind, the other by the exclusive exercise of his body. They both, therefore, outrage the laws of nature ; they injure their health, make inroads upon their constitution, and transmit to their offspring their own degenerated natures, and thus assist in producing a degeneracy of the human race.

There is another circumstance which tends to produce a difference in the constitution and longevity of the ancients and moderns, and that is a difference in their diet and manner of living. It cannot be denied that a difference in diet will produce a corresponding difference in the health and constitution of different people. This is acknowledged by all who have paid attention to the effects which a peculiarity of diet is capable of producing. We well know that a too strict adherence to salted provisions fills the system with humors, or, in other words, produces cutaneous diseases and scurvy ; that a confinement to vegetable diet produces emaciation and debility ; and that the use of too nutritious and luxurious food, will bring on almost all the diseases to which flesh is heir.

No one will pretend to say that the food of the ancients was not better calculated to fulfil all the purposes for which it is intended, than the food of the moderns. The ancients gratified the appetite with the natural food of man—food unmangled by the ten thousand operations of modern cookery, and which was calculated to satisfy the natural and unsophisticated appetite. They partook of the nutritious flesh of both wild and domestic animals ; but that flesh was not tortured up into a thousand dishes, for the express purpose of pleasing the appetite and stimulating the natural desire for food. They also ate the fruits of the field ; but those fruits were not then spoiled, as they now too often are, by the art of refined cookery. They likewise drank the pure element ; or if they partook of any cordial, they took that which was pure and unadulterated, such as the pure juice of the grape, and not such vile compounds as the modern hucksters sell under the name of *wine*.

It is not so now ; gastronomy has been carried to a high pitch of perfection ; and in exact proportion as this science has been cultivated, the powers of the stomach have been forced to suffer. The art of

cookery, at the present day, does not consist in learning how to compound and cook food so that it may be the most easily digested, and the best fitted to sustain the functions of life, but rather that it may be the most tempting to the appetite. I would by no means recommend so great a simplicity of diet as has been urged by some of our wise modern philosophers. I would not confine the human race to the use of mashed potatoes, stewed apples and bran bread, even with the addition of a little butter. No, we should not think this the natural diet of man. In fact, this kind of diet is the farthest possible from natural diet, the whole *posse* of the moral reformers and would-be philosophers to the contrary notwithstanding. Human nature needs something more substantial than this. Let it have, for instance, a plenty of bread and beef; and a little wine, if properly taken, can do it no manner of harm. Give it good, wholesome, nutritious food, but let that food be properly cooked. We would not take it raw from the hand of nature, without any cookery to fit it for use; this would be as much as to say that we are unable to prepare the rough product and fit it for our wants. Neither would we have it spoiled by the art of cookery; this would be showing that we think too much of what we shall eat and what we shall drink. But we would have it prepared in such a manner that it retain all its natural nutritious qualities, and at the same time be palatable and wholesome. We cannot imagine that man can be reformed solely by attention to dietetic rules, as some have imagined; yet we are fully convinced, that if men would return more nearly to their pristine state of living, as regards their food, it would have a tendency to make them longer lived, and to elevate them in the scale of moral and intellectual beings.

The foregoing are some of the most prominent circumstances which have tended to render the moderns inferior to the ancients as regards their morals, their intellect, their corporeal powers, and the length of their lives. To pursue the subject farther, and to enter more minutely into particulars, would not only, perhaps, require a more profound knowledge of history and a deeper philosophy than we possess, but would, probably, be both wearying and unprofitable to the reader. Begging pardon, therefore, for having already so long trespassed upon the pages of the *Journal*, we will draw our remarks to a close.

Buxton, Me., August, 1840.

HERMAPHRODITISM.

[Communicated for the Boston Medical and Surgical Journal.]

THE following curious case of imposture came under my observation in the month of March, 1840.

An individual was received into the Erie County Almshouse, who was represented as being an hermaphrodite. I was requested to examine him, the superintendent being at a loss whether to place him in the male or female department of the institution. His external appearance was as follows. Hair, black and long, arranged after the feminine mode.

Face, having a masculine coarseness, but with a fair, feminine complexion. Some beard on the chin and upper lip, which had evidently never been shaven. Ear-rings in the ears. Hands, delicate but large. Feet, large and masculine. He was dressed in pantaloons and a frock coat. His voice and manner of walking resembled those of a female. The former in tone was not peculiarly feminine, but the air and manner of speaking strikingly so. The gait, in walking, was so peculiar, that no one could avoid the suspicion that the individual was a woman in male attire. I was informed that he had been carried before a magistrate, on the charge of being a female disguised in men's clothing, and by him sent, in the first place, to the jail, and from thence to the Almshouse. He had previously been known about some portions of the city as an hermaphrodite; and I was told that stories were current of his performing the copulative functions of either sex.

When requested to exhibit the sexual organs, he seemed to manifest much bashfulness, and said that he was reluctant to do so *then*, as he was menstruating. Entreaty, bribery and threats were successively employed, but without effect in procuring a voluntary examination. The superintendent not feeling authorized to compel an exhibition, he was, with his consent, examined by an old woman, an inmate of the house. She reported that he was endowed with perfectly formed male and female organs. This not being satisfactory, and stimulating curiosity, frequent attempts, at subsequent periods, were made to procure an examination, but unsuccessfully. In the meantime, the old woman who had enjoyed the privilege of inspection having stated it to be her opinion that the female organs predominated, he was established in one of the female wards. He replied to all questions readily; said he had no inclination for either sex; and represented himself, in short, as a female, with, to use his own language, "a piece of dead flesh hanging down." He stated that he had been brought up as a girl, had lived in service as a kitchen maid in this city; and, formerly, had performed as a female in a circus. At the Almshouse he was employed in female duties, such as washing, &c., with which he was evidently perfectly *au fait*. After a few weeks he was seized with pneumonia, which terminated fatally.

Having much curiosity to make the examination after death, which had been sought unsuccessfully during life, I proceeded, accompanied by a medical friend, to the Almshouse for this purpose, immediately upon receiving intelligence of his demise. The result may be described in a few words. We found male organs entire and well developed, and no semblance whatever of those of the female. Dr. N., who accompanied me, recognized him as an individual who had applied to him for a certificate that he possessed male organs. His object in soliciting the certificate, he stated, was to avoid prosecution for being a female disguised in male attire. His case, previously to his being brought before a magistrate, had excited much interest among some benevolent ladies. He had stated to them that he had of late dressed like a male, to avoid the importunities of the sex! His story was credited, and much sympathy and pecuniary aid were bestowed upon him. The imposture must, manifestly, have been commenced at an early age. The motives

which led to its adoption by himself or others, and induced its continuance, I leave for conjecture. His age was apparently about 25.

Buffalo, N. Y., Sept., 1840.

A. F.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 7, 1840.

LECTURES ON THE THEORY AND PRACTICE OF PHYSIC.

It was remarked by a medical gentleman, the other day, that there were so many systems of practice extant, that he had no confidence in any of them. A sentiment like this could only have emanated from a superficial student, who never felt the responsibilities of professional life to be very troublesome. The only mode of keeping pace with the advances of the age, is to study all publications which have their origin in a respectable source; and in the practice of medicine, especially, a neglect to profit by the accumulating experience of others, shows an unfitness in the man for the station which society permits him to occupy.

Dr. Stokes's reputation stands very high in Europe; but that circumstance has no very direct influence on the minds of American physicians, since they have sagacity to discover merit, and the wisdom to avail themselves of the attainments of others, without regard to country. Messrs. Haswell, Barrington & Haswell, of Philadelphia, have recently published a second edition of Dr. Stokes's Lectures, enriched and very essentially enhanced in value by the addition of twelve lectures, together with numerous notes, by John Bell, M.D., of that city. The whole now makes a large volume of almost 700 pages, octavo. Considerable, if not all of the original work, has been read in the journals; but Dr. Bell's contributions are quite new, and therefore cannot fail of exciting considerable interest. We enjoin it upon the students of medical schools to be provided with this book at once, as a necessary appendage in attending lectures on theory and practice.

Preservation of the Teeth.—Books are written upon all supposable subjects in these times of literary energy, and what surprises us most, is the fact that so many of them are instructive. A neatly-printed miniature volume on the preservation of the teeth, by David K. Hitchcock, has been already alluded to in the Journal. At first view, it seemed hardly possible that the author of this little work could do anything more than reiterate the ten-times told stories of half a dozen authors. But the more closely this is read, the better it will be liked. The topics discussed are really worth attending to, and, to a certain extent, are individually important to every person.

There are 14 chapters. Chap. i. treats of the teeth as influencing the character of facial expression, health, &c. Chap. iii. is devoted to the consideration of *irregularity in dentition*, with engraved illustrations. Chap. iv. considers the whole matter of *filling teeth*, and becomes right smart about the lithodeon, which is now considerably used in this place. Chap. v. plays off a whole park of artillery upon *popular dentifrices*.

The writer assures us that cold water is far better than all the compounds in christendom for cleaning teeth, in which we sincerely believe he is in the right. Chap. vi. is exclusively an *exposé* of the dangers and ill effects of having the enamel injured by scraping instruments, on the plea of cleaning the teeth. Chap. vii. is sensibly written—being on the evils of *tartar*. Chap. viii. is full of fire and independence, which will necessarily bring about an open war between the author and all consumers of tobacco. The title of the chapter is this—*Influence of tobacco on the teeth*. Chap. ix. touches his own kith and professional kin—the dentists. Mr. Hitchcock insists upon it that the successful practice of dentistry depends essentially on mechanical skill. Chap. x. embraces eight or more pages on the *extraction of teeth*. Chap. xi.—*Artificial teeth*. Chap. xii.—*Mechanism of artificial teeth*. Chap. xiii.—*Toothache*, ten pages, with a score of remarks on all conditions of aching teeth. Chap. xiv.—*Infantile dentition*, contains so many excellent hints that it has interested us as much as any chapter in the book. Chap. xv. is the last, and wholly on the *Anatomy and Physiology of the teeth*, with such occasional reflections as are naturally called into being by habitually contemplating the exhibitions of Divine goodness manifested in the organization of our bodies.

An imperfect idea only can be formed of the merits of this little work, either in a literary or scientific point of view, by the above notice. The city papers, without a dissenting voice, speak in the most favorable manner of the author's effort.

Elements of Zoology.—J. F. W. Lane, M.D., of Boston, a gentleman admirably qualified for the undertaking, is translating from the French the *Elements of Zoology, or Lessons in the Anatomy, Physiology, Classification and Habits of Animals*, by H. Milne Edwards, which cannot fail of being an acceptable work to the students of natural history in the United States. Some expectations are entertained of embellishing the translation with a series of engravings, like the original. Care will be taken that the edition shall meet the approbation of those who place a value on the external appearance as well as on the character of a new book.

Preservative Powers of the Vaccine Virus.—The question of the preservative efficacy of the vaccine virus against smallpox, has been frequently discussed of late, and much difference of opinion expressed by various medical authorities. In the last number (June 13, 1840), of the French "Medical Gazette," now before us, we find some remarks on an epidemic of smallpox, which prevailed for nine months in one of the French provincial towns; these refer principally to the protective influence of vaccination, and are based, as the writer assures us, on considerable experience. His conclusions are the following:

1. The epidemic prevailed amongst the vaccinated and non-vaccinated, but was most fatal amongst the latter class.

2. Amongst the non-vaccinated numerous cases of confluent smallpox occurred; but their fatal termination depended rather on the supervention of catarrhal symptoms than on accidents connected with the smallpox itself.

3. The number of vaccinated persons attacked by variola was very great, chiefly from the age of eight or nine years, up to that of thirty.

But the more removed were the patients from the period of vaccination, the more severe and dangerous was the attack of smallpox.

4. Again, the lesser the period since vaccination, the more mild was the disease, and the more rapidly did it terminate, never extending beyond nine to eleven days.

From these and several other facts of a similar nature, the writer concludes that the preservative power of the vaccine virus has considerably diminished within the last forty years. In support of this opinion, he described the appearances of the vaccine vesicle such as he was accustomed to see it twenty years ago, and compares them with the progress of the same vesicle in our own more immediate time. Formerly the local and general symptoms were very well marked and energetic, now they are of an insignificant character; hence the author insists on the necessity of renewing the vaccine matter from its original source.—*Gaz. Med.*

Restraint of Lunatics. Belfast District Asylum.—It has been asserted, of late, by persons of eminence, and, as it is believed, of practical experience, that in no instance need personal restraint be had recourse to, even with the most violent of maniacs; but that a system of "surveillance," carried out by an additional staff of attendants, will answer all the purposes of physical restraint. In two asylums, in particular, viz., the Middlesex County Asylum, at Hanwell, and the Lincoln, this system has been put into operation, and found, it is stated, by the superintendents thereof, viz., Dr. Conolly and Surgeon Hill, to be productive of the best effects. On the other hand, equally high authority is against the total abolition of restraint, so far as its humanity is in question, but not so as to its practicability. Dr. Corsellis, Director of the West York Pauper Asylum, in his Annual Report of this institution for the present year, thus expresses his opinion on the subject: "Many years' careful attention to this subject has led to the conviction, that a mild and judicious restraint can never be supplied by any 'surveillance.'" In the last Report of the Dundee Royal Asylum for Lunatics—an institution established as well for the wealthy as the poor insane—the following observation on this important matter is to be found: "Even allowing the practicability of mere surveillance, whether it be humane and desirable, is a question that appears very problematical." Such are the opinions of the heads of two establishments many years in operation, as to the inutility of the total abolition of restraint—opinions in which the Manager of this Asylum fully agrees.—*Abstract from Dr. Stewart's Report.*

The expenditure for the year ending April 1, 1840, in the Belfast District Asylum for Lunatic Poor, has been £3719; making the average annual cost of each patient £16 13s. 4d., every charge of management included.—*London Lancet.*

Castration successfully performed by a Patient.—Thomas Aldridge, aged 35 years, formerly servant to a military surgeon, applied to me to remove an enlarged and painful testicle, which had given him much annoyance for several years. Not considering the disease to be one of a malignant character, I did not feel justified in complying with his request. Several weeks afterwards a summons was sent to my house for my attendance upon a man who was "bleeding to death." Not being at home a medical friend attended for me, and found the patient to be the above-

mentioned individual, in a state of syncope from loss of blood. It appeared that he had made a longitudinal incision with a razor through the scrotum over the diseased testicle, had then pulled it out, and cut through the spermatic cord. My friend after some difficulty, arising from the retraction of the cord, secured the artery, the wound went on well, and in three weeks healed. The patient was much delighted with having got rid of his troublesome enemy, and also with his own surgical skill.—*Ibid.*

Puncture for Chronic Hydrocephalus.—In the April No. of the "Edinburgh Journal," are recorded the histories of two cases of chronic hydrocephalus, treated by puncture. The subject of the first case was two months old; the head measured 20 inches round, and 12 inches from ear to ear. On the 10th of March, 1839, a puncture was made, with a trochar, on the right side of the head, and 15 ounces of clear fluid were drawn off; the child turned pale and vomited. The head was now bandaged up. On the 23d, 11 ounces of fluid were evacuated; on the 26th, 16 ounces. The child was again visited on the 21st of August, and then appeared to be in good health, although the head had increased in volume to 27 inches by 17. Since then the medical attendant lost sight of the case.

In the second case, the child, eight months old, had been attacked 10 weeks after birth; the head measured 22 inches round, and 14 from ear to ear. On the 12th of April, 1838, 20 ounces of fluid were drawn off by puncture, and the head strongly bandaged; on the 28th, 23 ounces; on the 12th of May, 22 ounces; on the 19th, 19 ounces. These repeated punctures and extraction of fluid were attended with very little benefit. On the 29th, the head being again measured, it was found that only half an inch had been gained. Mercury was administered, but the child sunk on the 2d of June. On examining the brain after death, 90 ounces of serum were discovered in the cranial cavity.—*Archiv. Gen. de Med.*

Medical Miscellany.—New Orleans continues to enjoy almost uninterrupted health.—Cases of plague at Alexandria, in Egypt, are becoming rare, and all fear of the disease seems to have subsided.—The medical schools of the British provinces have not announced a course of lectures the present season, it is presumed—since no circulars have been received, as in past times.—Dr. Brown's Orthopedic Institution, in this city, is appreciated by an intelligent community.—Will not some correspondent in Arkansas favor the Journal with the nature of the disease which so much alarms the people there?—A copy of Mrs. Gove's pamphlet on solitary vice not having been sent to this office, no opinion can be formed of its merits.—Homœopathic physicians are multiplying in New England. It is regarded as a passport to immediate practice to advertise oneself, now-a-days, a new-light physician.—Mr. Geo. Combe, the phrenologist, is now residing at Gorgie Cottage, Slatford, near Edinburgh. In May next he will visit Germany, accompanied by his lady.—Mr. Robert Cox will re-commence editing the Edinburgh Phrenological Journal next month, the present editor having decided to leave the chair. Exchange periodicals designed for that work, or papers and parcels sent to Mr. Combe, should be directed to the care of Messrs. Simpkin, Marshall & Co., London.—Smallpox has almost depopulated the city of Panama—vaccination not being practised there by the native inhabitants.—Dr. R. B. Banister is acting surgeon of

the U. S. Ship *Levant*, which sailed on the 29th, from Newport, R. I.—Lectures commenced at the Medical Institution of Yale College on Thursday last, with good prospects.—We regret to hear of the prevalence of sickness extensively through the country parishes of Louisiana. Many persons who left New Orleans for the sake of their health, have suffered seriously by a change of location. In Mississippi and Alabama, also, we understand the ravages of disease were quite alarming.

Number of deaths in Boston for the week ending Oct. 3, 51.—Males, 28—females, 23. Stillborn, 2.

Of consumption, 5—infantile, 6—dysentery, 3—cholera infantum, 4—delirium tremens, 1—convulsions 2—typhous fever, 6—croup, 1—worm fever, 1—sudden, 1—fits, 1—hooping cough, 2—bowel complaint, 2—brain fever, 1—lung fever, 3—child-bed, 1—dropsy on the brain, 1—cholera morbus, 1—dropsy, 1—teething, 2—inflammation of the bowels, 1—tumor, 1—snicide, 1—old age, 2.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.
FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.
HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.
SAMUEL C. SNOOT, M.D., Demonstrator of Anatomy.

The Medical College is situated at the corner of 10th and E streets, equi-distant from the Capitol and the President's house.

In the arrangement of this building, and the organization of the school, particular reference has been had to the study of *Practical Anatomy*, a branch which the student will enjoy peculiar facilities for cultivating.

The Professor of Surgery will show all the operations upon the recent subject, and afford the student an opportunity of repeating the more important ones with his own hand.

The Professor of Chemistry has a complete chemical and philosophical apparatus.

The Professor of Obstetrics will illustrate his lectures by obstetrical apparatus, and an ample collection of preparations and drawings.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

The requisites for graduation are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one in some other respectable institution. He shall have entered his name with the Dean of the Faculty as a candidate for graduation, and delivered to him an inaugural dissertation on some medical subject, thirty days before the close of the session, and pass a satisfactory examination.

All persons who have attended two full courses of lectures in this school, are entitled to attend succeeding courses free of expense.

The degrees are conferred by the authority of the Columbian College, incorporated by an act of Congress of the United States.

Good board can be procured at from three to four dollars per week.

J. M. THOMAS, M.D.
Dean of the Faculty.

City of Washington, June 2, 1840.

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	JAMES MCNAUGHTON, M.D.
Materia Medica and Natural History, by	EBENEZER EMMONS, M.D.
Anatomy, by	JAMES H. ARMSBY, M.D.
Chemistry and Pharmacy, by	LEWIS C. BECK, M.D.
Obstetrics, by	DAVID M. M'LACHLAN, M.D.
Institutes of Medicine, by	THOMAS HUN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

ALDEN MARCH, President.
J. H. ARMSBY, Registrar.

Y9 29—tN

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A 19

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. Sept.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
		Therm. F.	Therm. C.	Therm. F.	Barom. F.	Barom. C.	Barom. F.			
1	Tues.	58	70	70	29.38	29.38	29.40	N W	Fair	
2	Wed.	58	72	68	29.38	29.38	29.26	S W	Cloudy	Slight showers.
3	Thur.	58	68	62	29.27	29.36	29.40	N W	Fair	Beautiful sunset.
4	Frid.	57	68	67	29.51	29.57	29.57	N	Fair	do. do.
5	Satur.	60	58	54	29.55	29.46	29.40	N E	Rain	Cold storm.
6	Sun.	56	64	64	29.40	29.42	29.47	N W	Fair	
7	Mon.	56	74	70	29.58	29.63	29.63	S W	Fair	
8	Tues.	54	74	65	29.56	29.50	29.49	S W	Fair	
9	Wed.	63	72	70	29.40	29.38	29.34	S	Fair	
10	Thur.	66	66	65	29.27	29.20	29.20	W	Rain	Fine shower at 2 o'clock.
11	Frid.	56	66	60	29.25	29.30	29.36	N W	Fair	Rain in the night.
12	Satur.	50	58	54	29.43	29.50	29.60	N W	Fair	
13	Sun.	44	58	56	29.65	29.66	29.66	N W	Fair	
14	Mon.	47	65	59	29.64	29.56	29.51	N W	Fair	
15	Tues.	53	68	66	29.40	29.42	29.43	N W	Fair	
16	Wed.	48	76	70	29.50	29.55	29.55	S	Fair	
17	Thur.	60	74	68	29.56	29.53	29.49	S	Fair	Fog in the low grounds in the morning.
18	Frid.	62	71	66	29.42	29.37	29.35	S E	Rain	
19	Satur.	62	65	59	29.20	29.15	29.15	S W	Fair	Rainy night and morning.
20	Sun.	58	67	61	29.08	28.91	28.91	S	Fair	High wind.
21	Mon.	49	53	47	29.00	29.16	29.29	N W	Fair	
22	Tues.	37	54	50	29.53	29.60	29.61	N W	Fair	Frost in low grounds.
23	Wed.	44	63	59	29.60	29.56	29.58	S W	Fair	Smoky.
24	Thur.	50	63	53	29.73	29.80	29.81	N W	Fair	do. Pleasant weather.
25	Frid.	39	64	59	29.80	29.76	29.74	S	Fair	Foggy morning. White frost.
26	Satur.	43	67	42	29.70	29.62	29.60	S W	Fair	do. do.
27	Sun.	53	69	60	29.50	29.38	29.34	S	Fair	High wind. Fine rain in the evening.
28	Mon.	49	58	53	29.44	29.50	29.53	N W	Fair	
29	Tues.	43	67	62	29.60	29.58	29.54	N W	Cloudy	
30	Wed.	47	67	63	29.53	29.51	29.50	S	Fair	Rain in the evening.

The month has been very pleasant, the weather uniformly mild, with a large proportion of fair days. This month, as well as the whole season, has been very favorable, and the early and late crops are generally good. Range of the thermometer, 37 to 76; Barometer, from 28.91 to 29.80.

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	-	-	-	DR. PERRY.
Midwifery, Materia Medica and Demonstrations on	}	-	-	DR. BOWDITCH.
Morbid Anatomy at the Hospitals, by				
Anatomy, Surgery and Medical Jurisprudence, by	-	-	-	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 412 Washington st.,

DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—eoptf.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held at their rooms, rear of the Athenæum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.

S. 16—un

GEO. W. OTIS, Jr., Rec. Sec'y.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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No. 10.

NEW REMEDY FOR TETANUS AND OTHER CONVULSIVE DISORDERS.

BY W. B. O'SHAUGHNESSY, M.D., CALCUTTA.

THE narcotic and intoxicating effects of hemp are popularly known in various parts of Asia, Africa and America, where it is extensively employed in a multitude of affections; but in Western Europe the use of hemp is unknown either as a stimulant or as a remedy, probably because the European hemp does not contain any of the resinous matter upon which its therapeutical properties depend. In warm climates, and during certain seasons, a resinous juice exudes and concretes on the leaves, slender stems, and flowers of the hemp. This resin has a fragrant, narcotic odor; bitter, acrid taste; and, when pure, is of a blackish-grey color. It is very soluble in alcohol, or fixed oils, and is insoluble in acids.

Having determined, by experiments on carnivorous animals, that the remedy might be administered with safety to the human subject, Dr. O'Shaughnessy proceeded to try its effects in several convulsive diseases. The resinous *extract* which he employed, was obtained by boiling the tops of the dried hemp plant in spirit (sp. gr. 835), until the resin was dissolved, and then evaporating the tincture to dryness. The tincture of hemp was prepared by dissolving three grains of this extract in one drachm of proof spirit. The doses vary according to the disease for the cure of which the remedy may be employed. In cholera, Dr. O'Shaughnessy gives ten drops of the tincture every half hour, until the vomiting and purging are allayed. In cases of tetanus, a drachm of the tincture every half hour, until the paroxysms cease, or catalepsy is induced. In hydrophobia, 10 or 20 grains of the extract to be chewed by the patient, and repeated according to their effect.

The diseases for which the hemp resin has been administered by Dr. O'Shaughnessy, are rheumatism, cholera, hydrophobia and tetanus. In the two former complaints the trials hitherto made do not lead to any determinate conclusion. In one undoubted case of hydrophobia the effects of the resin are thus graphically described by Dr. O'Shaughnessy:—

“By his own desire water was brought in a metallic vessel, which he grasped and brought near his lips: never can I forget the indescribable horrors of the paroxysm which ensued. It abated in about three minutes, and morbid thirst still goading the unhappy man, he besought his servant to apply a moistened cloth to his lips. Intelligent and brave,

he determinately awaited the contact of the cloth, and for a few seconds, though in appalling agony, permitted some drops to trickle on his tongue ; but then ensued a second struggle, which, with a due share of the callousness of my profession, I could not stand by to contemplate. Two grains of hemp resin in a soft pillular mass were ordered every hour ; after the third dose he stated that he felt commencing intoxication ; he now chatted cheerfully on his case, and displayed great intelligence and experience in the treatment of the very disease with which he was visited. He talked calmly of drinking, but said it was in vain to try, but he could suck an orange ; this was brought to him, and he succeeded in swallowing the juice without any difficulty. The hemp was continued till the sixth dose, when he fell asleep, and had some hours' rest. Early the ensuing morning, however, Mr. Siddons, my assistant, was called up to him, and found him in a state of tumultuous agony and excitement. The hemp was again repeated, and again by the third dose the cheering alleviation of the previous day was witnessed. He ate a piece of sugar-cane, and again swallowed the juice ; he partook freely of some moistened rice, and permitted a purgative enema to be administered. His pulse was nearly natural, the skin natural in every respect. His countenance was happy.

"Four days thus passed away, the doses of hemp being continued. When he fell asleep, on waking the paroxysms returned, but were again almost immediately assuaged as at first. Meanwhile purgative enemata were employed, and he partook freely of solid food, and once drank water without the least suffering. But about 3, P. M. of the fifth day, he sunk into profound stupor, the breathing slightly stertorous ; in this state he continued, and without further struggle, death terminated his sufferings at 4, A. M., on the 27th of November."

In several cases of traumatic tetanus the power of the remedy was triumphantly exhibited. In the first case, symptoms of tetanus supervened on the employment of a moxa, for the cure of dysentery. Two days after their appearance the case was considered hopeless, and the extract of hemp was administered, in the dose of two or three grains, every third, and then every second hour. The spasms were speedily mitigated, and ceased altogether in eleven days. The dysentery proved fatal, however, seventeen days afterwards. The other cases are thus alluded to by Dr. O'Shaughnessy :—

"The *second case* was that of Chunoo Syce, in whom tetanus supervened on the 11th December, after an injury from the kick of a horse. After an ineffectual trial of turpentine and castor oil in large doses, two-grain doses of hemp resin were given on the 26th of December. He consumed in all 134 grains of the resin, and left the hospital cured, on the 28th of December.

"*Third Case.*—Huroo, a female, ætat. 25, admitted into the Native Hospital December 16th, had tetanus for the three previous days, the sequel of a cut on the left elbow, received a fortnight before. Symptoms violent on admission. Turpentine and castor oil given repeatedly without effect ; on the 16th and 17th, three grains of hemp resin were given at bed-time. On the morning of the 18th she was found in a

state of complete catalepsy, and remained so until evening, when she became sensible, and a tetanic paroxysm recurred. Hemp resumed, and continued in two-grain doses every fourth hour. From this time till the third hour tetanic symptoms returned. She subsequently took a grain twice daily till the 8th February, when she left the hospital apparently quite well.

"Mr. O'Brien has since used the hemp resin in five cases, of which four were admitted in a perfectly hopeless state. He employed the remedy in *ten-grain doses* dissolved in spirit. The effect he describes as almost immediate relaxation of the muscles, and interruption of the convulsive tendency. Of Mr. O'Brien's 7 cases, 4 have recovered.

"In the Police Hospital of Calcutta, the late Dr. Bain has used the remedy in three cases of traumatic tetanus; of these, one has died and two recovered.

"A very remarkable case has recently occurred in the practice of my cousin, Mr. Richard O'Shaughnessy. The patient was a Jew, æt. 30, attacked with tetanus during the progress of a sloughing sore of the scrotum, the sequel of a neglected hydrocele. Three-grain doses were used every second hour, with the effect of inducing intoxication and suspending the symptoms. The patient has recovered perfectly, and now enjoys excellent health."

"The preceding facts (says Dr. O'Shaughnessy) seem unequivocally to show, that when given boldly, and in large doses, the resin of hemp is capable of arresting effectually the progress of this formidable disease, and, in a large proportion of cases, of effecting a perfect cure." We trust that some of our hospital physicians will, without delay, procure the remedy which Dr. O'Shaughnessy has thus favorably introduced, and determine how far it may sustain its reputation as a "powerful anti-convulsive" in this country.—*British and Foreign Med. Review.*

DR. BURNE ON THE TREATMENT OF HABITUAL CONSTIPATION.

THE author very properly insists upon the necessity of ascertaining the peculiar disposition of any individual before determining on the propriety of any interference with his bowels. It is known to everybody that cases are occasionally met with where the bowels are only evacuated every second, third, or fourth day, or even much more seldom, the health of these individuals, however, remaining sound; and on the other hand there are abundant instances in which a relaxed state of the alimentary canal appears to be the essential condition of health. We extract the following as a very useful practical caution on the subject of idiosyncrasies in general:—

"To these peculiarities, when stated, we are too little disposed to listen; we are apt to regard them as caprices and fancies rather than true idiosyncrasies, until some untoward circumstances admonish us that they cannot be slighted or disregarded without hazard to the well-being of our patients and to the reputation of ourselves."

Under the head of *regimen*, as the first circumstance in the manage-

ment of constipated bowels, early rising is recommended, and with a wise definition of what this means.

“By early rising, I would understand rather the avoiding a second sleep in the morning, than the getting up at any specified hour.” “Early rising must be construed relatively.” “A person awakes refreshed, light, cheerful; but if, instead of at once getting up, he dozes off to sleep again, he afterwards rises with unwillingness, and finds his head heavy, his spirits dull, and his bowels indisposed to act.” “Next to early rising and not less important, is the *habit of frequenting the closet regularly at a certain period of the day, and of strictly obeying the calls of nature.*”

The subject of diet is one of great importance in relation to constipation. The author does not think that attention proportioned to its importance has been given to the subject of aperient medicines in habitual constipation. He well remarks that the proper object is attained “not by purging the bowels, but by securing their full and free action at regular periods by medicines which not only act, but which dispose the bowels to act of themselves.” This most invaluable rule cannot be too strongly impressed upon the mind of every one who contemplates the employment of aperient medicines of any kind.

“I have generally found it better,” he adds, “at the commencement, to administer aperients in sufficient doses every other day, taking the chance of the bowels relieving themselves on the alternate day, until they have been brought into a more tractable state, and the influence of medicines upon the individual ascertained; after which the aperient can be so regulated in dose as to be administered daily with advantage. Perseverance on the part of the patient is absolutely necessary.” “In proportion as the state of the bowels improves and becomes more tractable, so let the dose of the aperient be diminished, till at length little and eventually none shall be required. I have known persons obliged to commence with an ounce of infusion of senna, who have been gradually able to reduce it to a teaspoonful. So with castor oil, dinner pills and the like.”

Those who suffer from piles are properly recommended so to take aperient medicines as “to have the bowels relieved in the evening, because they soon afterwards go to bed, and their sufferings, which have been aggravated by the action of the bowels, are relieved by the horizontal position: whereas, if the bowels act in the morning, the irritation arising therefrom is kept up during the day by exercise and the erect position.” On this account it is recommended that sulphur, the best aperient in such cases, combined with a little magnesia, should be taken about noon. In the chapter “on the Action and Value of Aperient Medicines, administered singly or in combination,” there is not much that is new, although there is that which it is useful frequently to repeat. *Jalap* is an aperient thought well of by Dr. Burne. Combined with rhubarb in the form of pills, or mixed with the confection of senna, he has found it very efficacious.

“As an occasional purgative, when the bowels are foul, as in persons on the eve of having an attack of the gout, the following jalap draught,

taken fasting in the morning, clears the alimentary canal most beneficially and without distress : R. Pulv. jalapæ, ʒ ss. ; vini colchici, tinct. hyoscyami, tinct. lavand. C. singulor., ʒ ss. Aquæ distillatæ, ʒ i."

Aloes is said to be "very certain in its operation, but objectionable as a general remedy in habitual constipation, because it leaves the bowels disposed to be confined, so that no ground is gained beyond the immediate relief ; and because when taken continually it rather loses its effect, and requires the dose to be augmented."

The following form of dinner pill is recommended by Dr. Burne :— R. Aloes, ʒ j. ; pulv. rhæi, ʒ ij. ; pulv. ipecac., gr. v. ; mellis, gr. xij. ; spirit. tenuioris, q. s. M. et in pil. xx., vel xxx., vel xl., divide, ex quibus unam, duas, vel tres paulo ante prandium quotidie sumat." The compound decoction of aloes is less irritating in its operation than the aloes given in substance. The author is partial to a compound of this medicine with Epsom salts, which he speaks of as one of the most useful in habitual constipation. Assuredly it is one of the most nasty. However, as there is a variety of tastes among mankind, those who are so disposed may try this : "R. Magnesiæ carbonatis, ʒ jss. ; magnesiæ sulphatis, ʒ vj. ; decocti aloes, C. ʒ ij. ; aq. distillatæ, ʒ vj. M. cochlearia ij. vel iij. majora semel bisve quotidie."

Calomel is objected to altogether by Dr. Burne as an aperient, in the treatment of habitual constipation ; not that he excludes it from use in certain cases of complication with torpid liver, &c.

"Castor oil," he says, "is on the whole one of the most innocuous and certain aperients." "It acts quickly, does not produce a subsequent costiveness, and the longer it is given the less the dose required ; a great desideratum."

Senna is a purgative approved of by Dr. Burne, especially on account of its repeated doses admitting of diminution without a lessening of its aperient operation.

Dr. Burne thinks that the *bougie* may be had recourse to more frequently than is customary in the treatment of habitual constipation ; that as action of the bowels in infants is frequently much promoted by the introduction of a small candle, a piece of soap, &c., the bougie is equally useful to adults. The author objects, and we think with justice, to the employment of clysters as an habitual remedy.

"In the first place they do not continue to relieve the bowels fully and freely for any length of time ; in the next place they do not dispose the bowels to resume their natural action, but on the contrary, render them more confined ; in the third place they wash off the mucus from the intestine, which is followed by a degree of irritation and an unpleasant sense of heat, very similar to that which occurs after washing the hands in water simply ; in the fourth place the fæces become more scybalous and hard under their use ; and lastly, the individual does not feel the comfort and conviction of having had his bowels fully relieved, on which account he is often induced to resort to a second lavement on the same day. Lavements fail in completely obviating or curing habitual constipation."

As an occasional resource, however, our author does not reject them.

He recommends the injection of the blandest fluids, such as *barley water*, *thin gruel*, *linseed tea*, or *milk and water*, but simply warm water he regards as acting injuriously upon the mucous membrane of the rectum, and he prefers the use of water of a temperature of 60 degrees F.

In the treatment of obstructed bowels from feces or foreign substances accumulated in the cæcum or colon, he wisely cautions against the too frequent employment of purgatives.

“If the cæcum or colon is the seat of the obstruction, a tumor may generally be distinguished in the right ilio-inguinal region, or in the region of that part of the colon where the obstruction is seated, which is most generally the sigmoid flexure. The general plan of treatment should be to abstract blood, more or less, from a vein, if the symptoms call for it, and also locally; secondly, to give one or two strong doses of purgative medicine, as colocynth and calomel followed by senna and sulphate of soda; but if these fail, they should be discontinued, and the effervescing saline aperients resorted to and persevered in; opium or the salts of morphia being at the same time administered to remove spasm and assuage pain. The first efforts not having been successful, time should be allowed; and fomentation and baths and clysters be employed as far as the patient's strength will admit. Treated on this plan, patients will survive and do well after many days (*ten* I have known) of actual obstruction with vomiting and hiccup: but if violent measures are persisted in, they will too often sink under the treatment rather than the disease.”

When the obstruction is in the sigmoid flexure of the colon, the injection of fluids through a long gum elastic tube, as recommended by O'Beirne, is the most effectual mode of overcoming it. When in the rectum, mechanical means should be employed, “and the sign which in cases of obstruction should excite suspicion that the cause is seated in the rectum and lead to an examination of that gut, is tenesmus.” This fact, although familiar to all practitioners of experience, is often overlooked by young practitioners.—*Ibid.*

VACCINATION IN SIAM.

[THE following letter from Dr. Bradley, of the Missionary service, who is located at Bangkok, the capital of Siam, will be read with much interest. Vaccine virus has been sent several times from this office, secured in a manner which would in other circumstances preserve it unimpaired; but it proved wholly inefficient, and Dr. Bradley finally came to the conclusion, it will be recollected, that vaccination could not succeed in that country, owing to some cause not understood by him. Believing, however, that by perseverance, success would crown the philanthropic endeavors of Dr. Bradley, another package was forwarded, and the history of it is circumstantially detailed in this communication.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I desire hereby to return you my ardent thanks for the deep interest which you have long taken in the introduction of the vac-

cina into Siam. More especially would I thank you for the package of vaccine virus which you sent me by the ship *Arno*, Capt. Nott, by the hand of Mr. H. M. Hill. It was brought from Singapore by the Rev. Asa Hemenway, and put into my hands early in January last. So often had I made laborious and fruitless experiments with vaccine virus in this city, that when I received this package, with your very earnest entreaty that "I would keep trying with every particle of it," I felt exceedingly burdened with what seemed almost a hopeless task. The virus had been more than six months on the passage, and I had before repeatedly failed with that which had come from Canton and Pinang in from two to four months, being protected from decomposition in almost every possible way. This people had witnessed so many of my fruitless experiments in the work, that I could scarcely cherish a hope that they could by any means be persuaded to allow me to experiment upon their children again. And so generally had the children been inoculated for the smallpox during the preceding year, that there seemed to be but very few remaining on whom I could experiment, even had prejudice not hedged up the way. With such onerous discouragements pressing upon me, I spread the case before the Lord, and became satisfied that it was my duty to attend to your request, leaving the responsibility of results entirely with Him. I then went to the Phraklang, the minister of foreign affairs, and stated to him the case, and requested him to lend me his aid in making another experiment. He at first thought that it was quite useless, inasmuch as the virus had been so long in coming, and as inoculation for the smallpox bid fair to answer all the purposes of vaccination. I then took occasion to enlarge upon the superior excellency of vaccination over inoculation, showing him that it never produced death or any serious disease, and that it is as good a protection against the smallpox as inoculation with smallpox itself. I think that I was enabled to make him see that if he could in any way aid in introducing the vaccina into this country, he might justly be considered a benefactor of his people. My plea prevailed. He promised that if I would come to his house on the following morning, he would allow me to vaccinate some of his dependents."

Accordingly, I went at the time appointed, being accompanied by the Rev. J. Caswell, and was surprised to find that his honor was willing to let me experiment on 10 of his children and grandchildren, and 65 Malay captives, all which I did at one sitting. I had never before been able to vaccinate more than 15 or 20 at once. I then returned to the mission premises, and vaccinated two of our children, a few native children, and one of the newly-arrived American missionaries, who had been unsuccessfully vaccinated at Boston just before her embarkation. A signal providence having given me so wide a field in which to experiment, I now began to entertain some ardent hopes that among all the persons I vaccinated there would be one or two in whom the virus would take: I cannot describe my joy, when, after 8 days, I discovered that it had indeed taken in 4 of the Malays (2 adult women and 2 young persons), and in the infant son of the Rev. Charles Robinson. These were all vaccinated from the scab, being pulverized and moistened with

rain water, and inserted between the lamina of the skin with the point of a lancet. I was allowed to re-vaccinate many of the Malays from the 4 of their number who had taken the vaccina. Those persons in the mission in whom I had failed, I re-vaccinated from the son of Mr. Robinson with perfect success. As the Malays were nearly all in some way diseased, chiefly of the cutaneous kind, the virus became spurious in many of them. They had sores resulting from the punctures, but of doubtful appearance. Perhaps I cannot do better than to give you a few extracts from notes which I made in the progress of this work. I will endeavor to be brief.

"Feb. 6th. Visited his honor the Phraklang in the morning, being accompanied by the Rev. A. Hemenway and wife, and Miss Pierce. The object of the visit was to show his honor a beautiful specimen of the vaccina on the arm of Miss P., and to induce him, if possible, to continue to lend his powerful influence in propagating it among the Siamese. He was pleased with the sight. I requested him to allow me to re-vaccinate his children. He immediately called them for this purpose. Just at that moment the man who had the charge of the Malays whom I had vaccinated, brought in a report that some of those who had taken the vaccina had the smallpox supervene—that one had died, and that others were very sick in consequence of vaccination. This, as was very natural, frightened the Phraklang so much that he would not allow me to re-vaccinate in his family. I assured him that there was some mistake in the report, and proposed to go myself at mid-day to investigate the case. Accordingly I went to the places where the Malays were living. I saw nearly all that I had vaccinated, and found that as yet not one of the cases which I thought were successful had taken the smallpox; but that many whom I vaccinated at first without any effect, had the smallpox. I returned and reported the same to the Phraklang. His hopes were revived by it, and he ordered his physician to collect a number of children and have them vaccinated at my house in the evening of the same day. The physician brought 5 children, and had them vaccinated. I had notified Choufahyai, the elder brother of the king, of my success in vaccinating, and he was induced to send me also 5 persons for experiment. Choufahnoi, the brother of Choufahyai, allowed me to vaccinate one of his children.

"Feb. 14. Walked out into the Phraklang's sugar-cane plantation to look after some Malays that I had vaccinated. What I saw greatly dampened my hopes of the success of vaccination in Siam. I found that 2 or 3 of those whom I trusted had taken the vaccina, were full of the smallpox. There was, however, one hope remaining. It was that their cases had been rendered spurious in consequence of their cutaneous diseases, which were many and bad, and that other cases would be found genuine. I cherished the hope that the matter I had obtained from Mr. R.'s little boy would produce the genuine vaccina.

Feb. 15. A little sucking child that I vaccinated 8 or 9 days before, appeared to have a genuine pustule. Vaccinated several from it, hoping still that I might succeed in propagating in Siam the illustrious antidote against the smallpox.

"Feb. 22d. Spent much of the day in seeking after and vaccinating children. Those that were vaccinated the week before had nearly all taken it beautifully. Prevailed upon the Phraklang to allow me to vaccinate 3 of his infant children. It is very difficult to obtain good subjects for vaccination. This people as yet have little or no confidence in the plan, and they are exceedingly fearful that it will produce something very bad in the end.

"Feb. 29th. The 3 children of the Phraklang mentioned above, all took the vaccina perfectly. The father expressed much gratitude for the success, and felt himself relieved from a great burden of anxiety about them. I requested him to aid me in extending the blessings of vaccination to his people, and in preserving the virus from week to week and month to month. He responded in the affirmative, yet not with as much heart as I had hoped he would. With great effort I found 6 or 8 persons that I could vaccinate. I am obliged, in every instance, to entreat much for the privilege. The people do not at all realize what a blessing is brought to their doors, and offered to them without money and without price, and without the least possible danger. I calculate that I shall be obliged to pursue these benevolent efforts against the strongest wind and tide, and the most stupid unbelief, yet a long time. The Phraklang, even, will need to have the smallpox come in close contact with his children that have been successfully vaccinated, and thus have them put to a thorough test, ere he will fully believe.

"March 7th. Engaged the greater part of the day in vaccinating. The king of Siam sent one of his physicians to me to make inquiries concerning the vaccina, and requesting me to vaccinate at the house of his brother Chounuam, on the 9th inst. I took unwearied pains to put the physician in possession of all the information I could on the subject. I also vaccinated a little boy that he brought with him, and returned his majesty word that I would be obedient to the call. Chauchaum (a noble lord) sent a request that I would vaccinate in his family, with which I complied, and vaccinated 2 of his own children and 4 dependents. Thus the Lord is giving the work favor in the eyes of the great of Siam.

"March 9th. Went to the residence of Chounuam, according to the king's request, and vaccinated 2 of the Prince's children, and 5 or 6 of the children of his servants. He was much engaged in learning how to perform the operation himself. He took virus with which to vaccinate in the royal palace in the evening or on the next day morning.

"March 14th. The vaccination still prospers. The most that were vaccinated a week ago, have now beautiful pustules.

"March 24th. Vaccinated 4 children of the Indo-Portuguese, which were all that I could obtain after much effort. The Lord takes care to provide me a few persons every week, so that I am enabled to keep the vaccina a-going. I trust that I shall be able, with His favor, to continue the process until this people shall become generally convinced that I do not attempt to deceive them, but that I bring them a *good*, that is worthy of their most eager reception. The king is at present so much engaged in the funeral ceremonies of his son, who died some 9 or 10

months since, that I think he will not attend very thoroughly to the experiments which he has directed his physicians to make with the vaccine virus. But I hope and trust that he will eventually be confirmed in the belief that this work of benevolence is richly worthy of his care and patronage.

"I have been much gratified to-day by hearing the testimony of Mōwsuk, the Phraklang's physician, concerning the vaccina. He says that he has vaccinated about 40 persons successfully—that the most of those persons have since been living in the midst of those that have in the mean time had the smallpox, and that he has not seen one case of smallpox among those who had the vaccina. He assured me that he now had full confidence in vaccination. I trust that such testimony will do much to remove the strong prejudices against the kinpox that exist among this people. Many of these prejudices have been produced by my many failures in previous years. It would seem that the friends of those thus vaccinated had thought that the simple puncture would protect them. When they were exposed to the smallpox, of course they took it. Some had it severely, and some died of it. And now, whenever I plead for the vaccina, there are always some to refer back to those failures, and report dreadful stories. Again, many will believe that the vaccina is but a mild form of smallpox, and it is almost impossible to beat it out of them that it will in the hot season turn into malignant smallpox. This is the hot season, and hence many will not allow me to vaccinate their children."

The virus that I am now using has passed through 12 successive operations, and probably 200 persons have been successfully vaccinated from the beginning. It still produces the perfect vaccine pustule. I apprehend that when the wet season shall commence, in May or June, it will cease to act. There was some thunder and rain last week, when I had an unusual proportion of failures. I know not why it is that vaccina cannot be propagated at Singapore, Pinang and Burmah. It may be owing to some peculiar electrical influence at those places. From the experiment that I am now making, I am inclined to believe that it may be propagated here always during the dry season, and perhaps through the wet season also. Should I fail in preserving it until the beginning of another dry and cool season, which will be about the first of December, I shall need to receive another package of virus fresh from Boston at that time, which I fervently hope you will forward me. I hope by that time the king will have been confirmed in his hopes concerning it, and will be ready to issue a decree that all the children unprotected against the smallpox in his kingdom, shall be vaccinated. I hope that you will make it a standing rule to send me fresh virus in just the way you did by Mr. Hill, every year, taking care that it shall come to hand in November or December, at which time the smallpox begins its annual work. Why it follows the seasons thus uniformly, is a question which I have thought upon. May it not be owing to a less decomposing power in the atmosphere upon the smallpox virus? It is a fact that it becomes more and more contagious and malignant until the wet season commences—and then it quickly disappears until another dry

season. Now if such be true with regard to the smallpox virus, it probably will be found that the vaccine virus will be more or less under the same influence—and will be found to succeed better in the dry seasons than in the wet.

With regard to the package of virus you sent me by Mr. Hill, it may be of use to state that it was kept in a trunk that was frequently opened during the passage across the ocean, which may be better than close confinement in the hold or somewhere else.

What think you of the plan of producing vaccina by inoculating a cow with the smallpox virus? I have quite recently read a notice in an English paper very strongly corroborating accounts of this plan, which I saw broached long since. R. Hunter, Esq., of this city, has requested me to make the experiment on one of his cows, and I have engaged to do it soon. If the genuine vaccine virus can be procured in this way, it will be a vast improvement over the present plan of transmitting the virus from country to country.

Will you allow me to request you to send me the Boston Medical Journal regularly. I am pleased with it. The few numbers I have had have been of much use to me. Pardon me for taxing your time and patience so long.

Very respectfully yours,

Bangkok, April 9th, 1840.

DAN. B. BRADLEY.

OPINIONS OF THE LATE DR. TICKNOR ON HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the obituary notice of my late brother-in-law, Dr. Ticknor, published in the last No. of your Journal (Sept. 30th), you remark that “Dr. Ticknor became a thorough convert to Hahnemannism from an honest conviction that it was a rational system,” &c. Now, it is due to the memory of Dr. T. to state that he always made a distinction between *Hahnemannism* and *Homœopathy*, and while he believed in the latter, he disclaimed all confidence in the *peculiar* doctrines of the former. The infinitesimal doses, for example, he utterly discarded; and he says in his late pamphlet,* that “they bear the same relation to the principles and value of the system, that the working of miracles, by pretended relics, bears to the essential principles and value of the Christian religion. He also unhesitatingly set aside all the evidence in favor of the efficacy of such doses: for on the 28th page of the same pamphlet, speaking of the charge, that the symptoms described in Jahr’s Repertory, were produced by the infinitesimal doses, as stated by Herring in his preface, he says, “This is too great a stretch for the credulity of any man. Experiments were doubtless made with the little doses; but whatever symptoms are recorded as resulting therefrom, may undoubtedly be attributed to the influence of the imagination, till farther proof to the contrary is obtained by additional experiments.” Dr. T.

* “Letter to the Hon. —,” &c., p. 31.

had, it is true, been led to believe that the fundamental principle of Homœopathy was of vastly greater importance, and of more extensive application, than is generally believed (that is, "that diseases are cured by that remedy which excites a similar morbid state, or disease, in a healthy person").—(*Pamphlet*, p. 7.) But though he held to this, he never maintained, with the homœopaths, that *the half is greater than the whole*, and that the millionth part of a grain of medicine had more power than the whole grain! There is no absurdity in believing, that the best way to make a sick man well, is first to make him still sicker. We see this illustrated every day, when we give emetics to relieve nausea or gastric derangement; but this is a very different thing from saying that a billionth part of a grain of any medicine has more efficacy than a pound, as Hahnemann taught, and his disciples believe. Dr. T. generally used the ordinary medicines of the shops on the homœopathic principle, and when he gave the real homœopathic medicines, he employed the saturated tinctures in appreciable doses. "The quantity," he remarks in the pamphlet above quoted, "has nothing to do with the principle. When I give medicine upon this plan, I do, as I ever have done upon the old, give it till the system feels it."—(P. 21.)

All the credit which Dr. T. gave Hahnemann, was that of having more fully developed the above principle, than any former writer had ever done. He viewed him, after all, as a highly visionary man—rejected the whole of his experiments with the infinitesimal doses (which constitute, it is believed, nine tenths, at least, of those whose results are given in his great work on the *materia medica*)—and he, moreover, always denominated Hahnemann's leading propositions, *dogmas*, and *assumptions*, put forth with much confidence, but sustained by little proof.

With my intimate knowledge of Dr. T.'s habits of thinking, and the constitution of his mind, I hesitate not to say that he never could have been a disciple of Hahnemann. To have become such, his mental organization must have been entirely changed; he must have lost his identity, or sunk into idiocy. I should not probably have troubled you with this statement, had it not been for a single circumstance. After Dr. Ticknor had given up all hope of recovery, but the day before his death, and while in the full possession of his reason, he spoke of this very subject, and seemed very anxious to place the matter in its true light before he left the world. "Dr. P.," he exclaimed, "says that I am a thorough-going homœopath, and have renounced allopathy. This is not true: bring me my pamphlet." The pamphlet was brought—and as he was unable to hold it, from weakness, his hands were supported, while he turned over the leaves, till at length he found what he wanted, and placing his finger on the passage, said to his brother, "read that." The passage is as follows:—"We know that we have cured many patients by allopathic treatment, although Hahnemann declares that every cure that has ever been made, has been by homœopathy. For one, I see no good reason to reject an old friend, because I have found a new one, and I know no good reason why I may not again cure the same disease by allopathy, that I already have, although I may believe

there is too much truth in homœopathy to reject the whole, because it is blended with absurdity and error. To believe in homœopathy, a man need not forget what he has learned, nor lay aside his common sense. So far, then, as I have found allopathy useful, I would no sooner abandon it than I would an old and well-tried friend; and so far as I have found, or may hereafter find, homœopathy to be more useful, I shall adopt it as a new friend—I shall consider it an additional weapon with which to combat disease, till we have all the pre-requisites for a more perfect system. There are many things embraced in the new system which I regard as the absurdities and extravagancies of an enthusiast.” Such may be regarded as Dr. Ticknor’s dying testimony; and it is due to his character and his reputation that it should be known.

New York, Oct 7, 1840.

CHARLES A. LEE, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1840.

MECHANICAL SURGERY.

AN unusual degree of interest has been created of late, in this country, by the successful treatment of distorted limbs, which have in numerous instances been restored to usefulness by the division of tendons. The most mis-shapen congenital club-feet have thus been remoulded, and made quite symmetrical, and useful too, in the course of a few weeks; and contracted joints, the result of violence, burns, scalds, &c., by the same simple process, are now managed with an adroitness that astonishes the community. There is no calculating the progress yet to be made in this most surprising of arts—but, what will be said when it is stated that whatever was astonishing in regard to the restoration of club-feet by an operation, which, although simple in itself, must necessarily be attended with pain, may be achieved without incisions, without scalpels, and without cutting the fibre of a single muscle!

From an examination of the specimen cases shown us by Heber Chase, M.D., of Philadelphia, we are inclined to think that mechanical surgery, as it is called—meaning simply the re-shaping of these deformed limbs by the application of external apparatus alone—will soon receive its share of attention. It appears that for some time Dr. Chase has been quietly engaged in the treatment of various deformities of the body. The machinery which he has invented is represented to be exceedingly ingenious and successful in bringing almost all irregularities of the bones into perfect order, by a patient course of pressure. Several lithographic plates were left for inspection the other day, which show the changes brought about on some of the worst cases of club-foot. The restoration was accomplished in about the same time that is required after dividing the tendons. The advantages, therefore, to be gained by Dr. Chase’s mode, are these—viz., the pain arising from inserting a cutting instrument under the skin is wholly avoided—and the restoration is perfected in about the same period that has been considered necessary after a surgical operation. A paper is in the hands of the editor of the *American Journal of Medical*

Sciences, upon this important subject, accompanied by cases and illustrations. We shall avail ourselves of the information it may contain, and circulate it, fully believing that it will be acceptable to the readers of the Journal. Some of the explanatory plates are beautifully drawn, and should be sent abroad in connection with the paper Dr. Chase has prepared.—We refer our readers to Dr. Chase's advertisement of a course of lectures, in to-day's Journal.

Lunatic Hospital, Worcester.—There are at present 240 patients in this institution—more than should be there with the present accommodations, since 224 rooms are not enough for the comfortable convenience of so many insane people. Applications are continually made for the admission of lunatics; but owing to the limited number of apartments, they cannot be received. This state of things appeals strongly to the sympathies and humanity of the Legislature of Massachusetts. An immediate attention should be given to it when the General Court convenes. Another wing must be erected, or those which are now already too full, must be extended. With the faithful manner in which this noble charity has been conducted since its organization, no one at all conversant with the principles upon which it was founded, can find fault. It is a pattern institution—commended alike by our own citizens and strangers. It matters not what it may cost to increase the facilities—they must be had. Appeals of the strongest character are made for entrance, which Dr. Woodward is compelled to reject solely because there is not an unoccupied place remaining. The necessity of the case, therefore, is the strongest of all arguments, and we hope no parsimonious system of public economy will be allowed to retard the progress of humanity in a section of New England that professes to sympathize with the unfortunate in all the relations of life.

Meeting of the Medical Council.—On Wednesday last, the board of counsellors of the Massachusetts Medical Society convened at the Athenæum. The ordinary business which had accumulated in the course of three months, was disposed of in the usual manner. The reports of committees, &c., occupied some little time. A communication was read from Dr. Nichols, a fellow, on the propagation of leeches, which deservedly attracted considerable attention. It being exclusively and appropriately the business of the Society to examine the matter in detail, we feel that we have no right to anticipate that body by an editorial notice, important as the subject is to the whole profession.

Diseases of Females.—A new work by Dr. Churchill, of Dublin, an author of acknowledged reputation, was received a few days since. It should be re-published here by some of our enterprising publishers; but it needs nothing in the way of notes and emendations to give it currency in the United States. As soon as it can be spared, the volume will be handed over to a gentleman whom we consider well qualified to give an analytical account of its contents.

Congenital Malformation.—Dr. Boyd exhibited, at a meeting of the Royal Medical and Chirurgical Society, a beautiful wax model, taken

from a boy, the subject of a peculiar kind of congenital malformation. He was 13 years of age. The malformation consisted of a deficiency of the anterior and lower part of the abdominal parietes, and also of the anterior portion of the bladder. On raising the mucous membrane of the bladder, which was exposed to view, the termination of the ureters could be observed with the urine dropping from them; which, as soon as it was secreted, immediately dribbled from the bladder, and excoriated the integuments in the neighborhood of a rudimentary penis and scrotum. There was no urethra, no corpus spongiosum, and only a portion of the corpora cavernosa penis. There was a mere attempt at the formation of a scrotum. The testicles were contained in a double congenital hernia in each groin. The boy was in excellent health.—*London Lancet*.

Small Doses of Sulphate of Copper in Whooping Cough.—I wish to call the attention of my medical brethren, through your medium, to the great value of *small* doses of sulphate of copper in whooping cough. I have used it in numerous cases, and with the happiest result. The form I generally order is the following: R. Sulphate of copper, $\frac{1}{2}$ gr.; syrup of poppies, 3ss.; aniseed water, 3iss. M. One or two teaspoonfuls (according to the age of the child) to be taken every four hours.—P. H. CHAVASSE, in *Lancet*.

Number of deaths in Boston for the week ending Oct. 10, 23.—Males, 14—females, 14.

Of consumption, 4—cholera infantum, 1—typhous fever, 4—dropsy on the brain, 2—cramp in the stomach, 1—dysentery, 1—canker in the bowels, 1—dropsy in the head, 1—dropsy, 1—hemorrhage of the nose, 1—infantile, 1—hooping cough, 2—lung fever, 1—intemperance, 1—disease of the liver, 1—suicide, 1—drowned, 1—fever, 1—scarlet fever, 1.

LECTURES ON HERNIA AND MECHANICAL SURGERY.

On Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the correction of distortions.

The relief of the various curvatures of the spine, deformities of the limbs, and club-foot, will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical*, as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket five dollars.

Philadelphia, Sept., 1840.

O. 14—1m

HEBER CHASE, M.D.,

Ninth street, below Walnut.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HAYWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

WALTER CHANNING, *Dean*.

Boston, July 6, 1840.

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PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDSLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Medical College is situated at the corner of 10th and E streets, equi-distant from the Capitol and the President's house.

In the arrangement of this building, and the organization of the school, particular reference has been had to the study of *Practical Anatomy*, a branch which the student will enjoy peculiar facilities for cultivating.

The Professor of Surgery will show all the operations upon the recent subject, and afford the student an opportunity of repeating the more important ones with his own hand.

The Professor of Chemistry has a complete chemical and philosophical apparatus.

The Professor of Obstetrics will illustrate his lectures by obstetrical apparatus, and an ample collection of preparations and drawings.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

The requisites for graduation are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one in some other respectable institution. He shall have entered his name with the Dean of the Faculty as a candidate for graduation, and delivered to him an inaugural dissertation on some medical subject, thirty days before the close of the session, and pass a satisfactory examination.

All persons who have attended two full courses of lectures in this school, are entitled to attend succeeding courses free of expense.

The degrees are conferred by the authority of the Columbian College, incorporated by an act of Congress of the United States.

Good board can be procured at from three to four dollars per week.

J. M. THOMAS, M.D.

City of Washington, June 2, 1840.

Dean of the Faculty.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - -	ROBERT HARE, M.D.
Surgery,	- - - - -	WILLIAM GIBSON, M.D.
Anatomy,	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	- - - - -	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

W. E. HORNER,

Jy 22—eptN 15

Dean of the Medical Faculty.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

JOHN REVERE, M.D.,

Philadelphia, July 15, 1840.

A. 26.—tN1

Dean of the Faculty.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII.

WEDNESDAY, OCTOBER 21, 1840.

No. 11.

CURE OF SQUINTING.

BY R. T. LIGHTFOOT, SURGEON, NEWCASTLE.

CASE 1.—Susanna Forster, aged 10. Her parents state that her eyes were perfectly straight until 11 months ago, when she suffered from a mild attack of measles; during or immediately after which she was observed to squint with her left eye: since then it has gradually increased. At present, when desired to look at an object placed directly before her, one-third of the cornea is observed to be concealed behind the inner canthus. When the right eye is closed, the movements of the left are quite normal, and its power of vision equal to that of the other side. On the 22d of June, with the assistance of my friends, Drs. Charlton and Elliot, I performed the operation in the following manner:—The patient being seated, a cloth was passed round her body, and fastened behind the chair: a bandage was placed over the right eye, and her head rested against Dr. Charlton's breast, who also elevated the upper eyelid with his fingers, whilst Dr. Elliot depressed the lower one. Desiring the patient to evert the eye as much as possible, I passed a small hook through the conjunctiva, about a line external to the caruncula, and gave it to one of my assistants, desiring him to evert the eye, and stretch the conjunctiva. This membrane was then divided between the caruncula and hook to the extent of half an inch from above downwards, by means of a triangular cornea knife. The hæmorrhage was trifling, but the loose sub-conjunctival cellular tissue near the incision being infiltrated with blood, presented almost a muscular appearance, and rather retarded the introduction of a bent silver probe beneath the tendon of the internal rectus muscle. After a little delay it was effected, and the tendon being brought into view was divided with a sharp-pointed, curved bistoury. The eye instantly became straight. She could now evert it to any extent, but could not invert it in the same degree. A small portion of conjunctiva, which prolapsed between the eyelids, was re-placed with a probe, and the eye covered with a fold of lint wetted with cold water. The application of cold water to be continued during the day—to have six leeches applied to the lower eyelid, and to take a purgative powder at bed-time.

30. The movements of the two eyes are quite parallel: all that now remains is a slight ecchymosis, and prominence of the newly-cicatrizated conjunctiva.

CASE 2.—John C. Preston, aged 23, has squinted with his left eye

since the age of 5 or 6 years; he cannot attribute it to any cause, except having acquired the habit by imitation from one of his companions. At present the eye is so far distorted, that one-fourth of the cornea is concealed by the inner canthus. On closing the sound eye, the left can be everted to about half its normal extent. Its sentient power is much impaired, being unable to distinguish any but the largest print.

June 29. With the assistance of my friends, Dr. Charlton and Mr. Snowden, I divided the tendon of the internal rectus in the same manner as in the case of Forster. The hæmorrhage was trifling, and division of the tendon easily effected. The eye instantly resumed its natural position. Lint soaked with water to be constantly applied to the eye during the day, and to have a dose of castor oil at bed-time.

July 6. Mr. P. resumed business to-day; a slight redness and prominence where the conjunctiva was divided, being all that now remains; and that is only observed when the eyelids are separated, or the eye considerably everted.

CASE 3.—Hephzibah M'Pherson, aged 21, has squinted with her right eye since the age of four years, when she acquired the habit without any known cause. At present, nearly one-third of the cornea is concealed by the inner canthus. On covering the sound eye, she can evert the other so far as to bring it straight: its sensibility is much impaired, being unable to distinguish the largest print.

July 10. I divided the tendon of the internal rectus, with the assistance of my friends, Dr. Charlton and Mr. Smith. Immediately the eye resumed its natural position, and moved parallel to the other. Cold water to be applied all day, and the aperient powder to be taken at bed-time.

14. The patient resumed her occupation to-day; all that is now observed being a slight redness and thickening where the conjunctiva was divided.—*Lancet*.

SECRETION OF HUMAN MILK, NURSING, &c.

[A WORK on the Anatomy of the Breast, from the pen of Sir Astley Cooper, with a volume of folio plates, has lately been published in London. From an extended notice of it in the *British and Foreign Medical Review*, we extract the following.]

The secretion of milk commences generally on the third or fourth day after the birth of the child. Directly after parturition the blood, which is no longer required by the uterus, is directed to the breast for the secretion of nutriment for the infant. The author states that excitement, both constitutional and local, attends the commencement of lactation, a sufficient proof that the mother is urged by nature to suckle her infant as soon as her breasts can supply it with milk; for as soon as the child partakes of the proffered nourishment, the painful tension of the breast subsides, and all the symptoms of irritative fever are relieved. The action of the child's lips is the natural means of relieving the breast and causing the secretion of milk to continue; the first fluid, however,

which the infant extracts is not milk, but is a secretion believed to be of essential service as a purgative in removing the meconium which might otherwise accumulate and become injurious. The early application of the child to the breast has also the advantage of elongating the nipple and fitting it for its future functions, before the glands have become too distended and hardened by the abundance of the secretion of milk. After lactation is established, the secretion of milk is either constant or occasional. In the former case the milk-tubes are supplied by a slow and continued production of fluid, which being retained in them for a long time undergoes a certain change, rendering it fitter for the nourishment of the child. Such retention is evidently requisite, for when the child is too frequently put to the breast, the milk evidently loses some of its nutrient qualities, and the mother is also debilitated. The occasional secretion is that which is termed by mothers and nurses *the draught*, when there is a sudden rush of blood to the gland, and the milk is secreted so suddenly that it sometimes spirts out of the nipple. The sight of the child or the pressure of its hand or head to the breast are the most frequent causes of occasional secretion. It has been supposed by some physiologists that when the breast is from any cause distended with milk, the latter passes into the surrounding cellular membrane and absorbent glands; and Haller has spoken of the vessels which convey it to the latter. It was this doctrine, perhaps, which led to the absurd hypothesis that the constituents of the milk are furnished by the absorbents: a supposition which seemed to be favored by the fact that the mammary absorbents are eight times more numerous than the blood-vessels; and also because the milk more resembles chyle than blood, both the former fluids containing muriate of potash, of which there is none in the latter.

The supply of milk in the human female is often superabundant, and has to be removed by artificial means; neither its quantity nor its quality, however, seems to depend upon the size of the mammæ, but rather upon the constitution and general health of the individual. Sir Astley found that the quantity of milk furnished by the breast of a woman whose infant was eighteen weeks old was two ounces, but only half that quantity when it was drawn off more than once a day. A woman seventeen months after delivery milked two ounces from her breast when the child had been seven hours absent from her. The morning's milk he has almost constantly found greater in quantity than the evening's. The secretion of milk will continue for many years in a healthy mother, if encouraged by the application of the child to the breast; and the author cites instances of the great length of time it has endured, and even of mothers having suckled two of their children consecutively without any intermission of the secretion. Wet nurses have also been known to suckle two children consecutively. Sir Astley considers that the proper time for weaning is sufficiently indicated by the appearance of teeth, and by the concomitant capacity of the child to digest other food. The secretion, should it continue after this period, may be suppressed by the application of evaporating lotions and the administration of active purgatives in the morning.

After mentioning the causes, such as inflammation, the formation of abscess, general constitutional derangement, &c., which prevent a mother from suckling her infant, the author observes that this duty is too often neglected from caprice, the fear of trouble, the dread of spoiling the figure, or from anxiety to avoid the confinement it requires; and in some cases it may arise from a desire to bear a great number of children. Women who become pregnant again during lactation should wean the child, as the milk is now deteriorated in quality and disagreeable. This change may be easily explained when we reflect that the new function of the uterus must necessarily interfere with the supply of blood to the breasts. Should the mother be compelled from any cause to wean her child prematurely, there is no necessity, according to Sir Astley, and in this view he is supported by Drs. Walshman and Key, that the wet nurse who succeeds her should have been giving suck for precisely the same period; inasmuch as after the first few weeks of lactation the milk does not undergo any appreciable change. It is a singular fact that should the child be deprived of the breast from any cause, and should then be put to it again after the lapse of several weeks, the secretion of the gland will return and the child be supported by it.

The advantages which accrue to both mother and offspring from lactation are beautifully illustrated by the author. After remarking that women who have been previously delicate become strong and healthy whilst they suckle, he describes other numerous benefits which they derive from the performance of this duty.

“The giving suck may be the means of preventing or of lessening the tendency to puerperal fever by determining the blood to the breast for the secretion of milk, and withdrawing it from the uterus, peritoneum, and iliac vessels.” “Suckling also diminishes the disposition to malignant diseases of the breast; for although women who have had children are still liable to cancerous and fungoid diseases, yet it is undoubtedly true that breasts which have been unemployed in suckling, in women who have been married but who are childless, and in those who have remained single, are more obnoxious to malignant diseases than those of women who have nursed large families; and if it were only to lessen the probability of the occurrence of such horrible complaints and causes of dissolution, women ought not to refuse suckling their offspring. A woman who has children and has suckled them is undoubtedly a better insurable life than a married woman who has no children or one who has remained single. A female of luxury and refinement is often in this respect a worse mother than the inhabitant of the meanest hovel, who nurses her children and brings them up healthy under privations and bodily exertions to obtain subsistence, which might almost excuse her refusal. The frequent sight of the child, watching it at the breast, the repeated calls for attention, the dawn of each attack of disease, and the causes of its little cries, are continually begetting feelings of affection which a mother who does not suckle seldom feels in an equal degree, when she allows the care of her child to devolve upon another, and suffers her maternal feelings to give place to indolence or caprice, or the empty calls of a fashionable and luxurious life. It is, however, melan-

choly to reflect that a life of high civilization and refinement renders the female less able to bear the shocks of parturition, less attentive to her offspring, and less capable of affording it its natural nourishment; so that she is often a worse mother in these respects than the female of the middle ranks of life or even the poorest cottager."

Besides the other evident benefits which the child derives from the breast of its mother, this is its natural pillow, and affords it especial relief during the irritation attendant on dentition, when, says Sir Astley, "The mother's anxiety contributes to the relief of the child, for it renders her milk a purgative, and thus acts usefully as an aperient when the system is in a feverish state, and thus operates as the best medicine." When, however, the mother is from any cause incapable of nourishing her offspring, the application of the child to the breast of another is infinitely preferable to bringing it up by hand. Dr. Merriman is of opinion that taking into consideration all classes of society, not more than two in ten children nourished by the latter method survive from eighteen to twenty months.

With respect to the appropriate food of the mother during lactation, the author, who has investigated this subject at considerable length, and has received information from different parts of the country on the habits of women who nurse their own children, has arrived at the conclusion that in the higher classes of society, at any rate, women take food in greater quantity and of a more stimulating nature whilst suckling than is either necessary or advantageous. Still no general law can be laid down either as to the quantity or quality of the food to be taken; and the instinctive cravings of the mother will be found the best indication of the amount of nourishment required. Improper diet of the mother, for instance fruits in some cases, or acids and fermented liquors, may injure the quality of the milk; which may also be deteriorated by the return of the menstrual secretion, on the appearance of which weaning should instantly be recommended, as the mother is incapable of supporting the double secretion, and as the milk is now rendered unfit for the support of the infant. In reference to the influence of various mental conditions upon the milk, the author confirms, from his own experience, the injurious effects of fits of anger, grief, anxiety, &c., upon its secretion, and narrates two cases in which females in consequence of a sudden alarm were compelled to give up suckling.

The milk is capable of being greatly changed in quality by pharmaceutical agents. This is proved by this circumstance amongst many others, that numerous children in our hospitals with a congenital venereal taint are cured by the administration of mercury to the mother. Purgatives very readily affect the milk, and act through it upon the bowels of the child. Olive oil, castor oil, confection of senna, and the compound extract of colocynth, Sir Astley seems to regard as the best purgatives for women during lactation: saline cathartics he disapproves of, as likely to produce too violent an effect upon the infant at the breast. The milk of a patient of Guy's Hospital who had been taking iodine for a fortnight was tested by Dr. Rees with sulphuric acid and starch, and strong indications of the presence of that medicine were thus detected.

Chevalier, Henry and Peligot administered various medicines to asses, and found traces of them afterwards in the lacteal secretion; of common salts, for instance, in abundance, as also of sesqui-carbonate of soda, and of sulphate of soda when administered in doses of two ounces. Iodide of potassium also affected the milk, as did the oxide of zinc, the tris-nitrate of bismuth, and sesqui-oxide of iron; but sulphate of quinine, the alkaline sulphurets, the salts of mercury, the nitrate of potass, could not be detected, even after the ingestion of these drugs in considerable doses.

For some interesting particulars respecting lactation amongst the blacks in the West Indies, contained in two letters addressed by Dr. Young to Sir Astley, we must refer the reader to the work itself.

ON THE VARIETIES OF COUGH.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE CHEST.

COUGH is produced in diseases of the thorax from two causes—the accumulation of liquid in the bronchial tubes, and the sympathetic irritation caused in the larynx by pain or stricture in the chest. In the former variety, the cough is useful, and is productive of relief to the patient; in the latter it is often a cause of aggravation of symptoms. The true excretory cough occurs only in the diseases of the bronchial mucous membrane, and of the parenchyma of the lungs which directly communicate with this membrane. The irritative cough takes place not only in the earlier stages of inflammation of the bronchial tubes, and of disorders of the parenchyma and serous membranes which do not communicate with the bronchi, but it is also a frequent dependent upon diseases of the heart, and even of the stomach, and in many cases is caused by a disordered condition of the nervous system, which is totally foreign to the chest. You perceive, therefore, that the causes of the irritative cough are extremely various, and that the cough itself, in many cases, throws but little light upon them.

The dry or irritative cough.—The term irritative may properly enough be applied to this variety, which is nothing but a short and quick cough—that is, a short and rapid expiration, which is the essential character of cough. The term dry cough is so well known as the designation of this variety, that it is universally understood. It is followed by no real secretion; there is sometimes an expectoration of the small quantity of mucus, which is naturally found in the fauces and bronchi. The diseases of the lungs in which it occurs are the early stages of phthisis, and certain cases of serous inflammation. It is also an attendant upon the elongation and inflammation of the uvula, and may cease abruptly after its removal. In diseases of the stomach and bowels, and in affections of the mucous membranes of the abdomen as well as in peritonitis, the same variety of cough is observed. Indeed, you may generalize the subject much farther, and say that the short, dry cough is the most frequent form of irritative cough, and the most persistent; and that, although in itself it is of no moment, it is often the

sign of a commencing disease of the thorax. On the other hand, your knowledge of the circumstances which give rise to a dry cough, must lead you to look for other causes of it than the diseases of the chest—and after your physical examination has taught you that there is no important lesion in the thorax, your next object will be to examine other portions of the body, and ascertain whether some disease of the abdominal viscera, or a mere nervous irritability, will not account for this cough.

There is another variety of cough which is not very unlike the dry; that is, the sonorous cough; this is always loud, and at times very ringing and clear, so as to be heard at a considerable distance from the patient. This variety belongs to many morbid conditions; it is found in the chronic dry catarrh, but chiefly in the earlier stages of ordinary acute catarrh, before secretion has commenced. In its most marked degree, however, the sonorous cough is not indicative of diseases of the lungs, but of many and various conditions of this morbid nervous action; and, as you may readily suppose, it is most apt to occur in young girls, who are much more subject than any other class of individuals to diseases attended with deranged nervous action. Hence the cough is very irregular in its indication; and although when it is of recent occurrence and short duration, it is nearly always connected with disorder of the bronchial tubes—yet, when chronic, it is most frequently either a true nervous cough, or an attendant upon chronic diseases of the larynx, especially those in which there is a morbid growth which projects into the rima glottidis, and acts as a constant cause of irritation. This cough is therefore rather a matter which must exercise your sagacity, than a correct indication of any special disease.

The *suppressed cough* is, like the dry, a short cough; but it is checked by a voluntary effort of the patient; for as the act of coughing is, to a certain extent, independent of the will, a patient may arrest the violent expiration if he be aware that it will cause him much pain; hence the cough becomes suppressed in serous inflammations of the chest, where there is little or no secretion from the bronchi, and the pain is much more considerable than in ordinary cases of disease. In pertussis, the fear of exciting a violent fit of coughing will frequently cause it to be suppressed. In the early stages of pneumonia there is very little secretion into the bronchi; hence the necessity for cough and expectoration is but slight, while the accompanying pleuritic inflammation acts as in cases of simple pleurisy, and suppresses the cough.

The *laryngeal cough* is various in its character; still, as it depends upon thickening or ulceration of the larynx, the tone of the cough is stridulous and somewhat stifled; at times almost whistling. In the advanced ulceration of the larynx, which constitutes laryngeal phthisis, the cough is alternately loud and whistling, and again almost aphonic. This variety of the cough is attended with a peculiar alteration of the voice.

The *loose, or mucous cough*, is well known as the cough which attends the resolution of acute bronchitis, and is therefore of favorable prognosis in this disease; it is connected with a free secretion into the

bronchial tubes, and is of course accompanied by mucous rhonchus, and generally by expectoration. As there are many diseases in which there is an abundant liquid secretion into the bronchial tubes, the mucous cough is very far from being confined to bronchitis; it occurs also in the advanced stages of phthisis, in the third stage of pneumonia, hæmoptysis, &c. Hence, like most of the varieties of cough, it becomes useful as a sign, chiefly when combined with other symptoms.

In certain cases of large cavities from phthisis or gangrene, the cough sometimes is not merely mucous, but it is loud and rattling; that is, as it is caused by the free agitation of the air in a large cavity, it partakes of the characters of the cavernous respiration, and differs in being much louder and more gurgling from the ordinary mucous cough.

The *spasmodic cough* is the last variety of cough which is sufficiently characterized to admit of a separate description. The type of this variety is found in pertussis, in which disease the cough is more decidedly spasmodic than in any other. But there are numerous other cases of disease, especially lesions situated about the larynx, which are attended with a severe cough, returning in paroxysms, and sometimes accompanied with a noisy, whooping inspiration. Although it is most frequent in obstructions about the larynx and upper part of the trachea, the enlargement of the bronchial glands will often give rise to it, and the peculiar cough is sometimes a valuable diagnostic sign in an affection which is always obscure. In certain cases of asthma the cough recurs in paroxysms which are often attended with a noisy inspiration. In general terms, you may state, cough does not bear an accurate relation to the extent of the pulmonary lesion; frequently the cough seems to be almost in inverse proportion to the mass of parenchyma involved in the disease. For if a large portion of the lungs be rendered unfit for the performance of the respiration, the patient cannot make the forcible expiration necessary to produce a decided cough. It is rather a sign of laryngeal and tracheal irritation, than of deep-seated pulmonary disorder. The cough is of less value as a sign in the aged than in those enfeebled by disease, or than in other patients, for in them it may be wanting throughout the whole course of a grave disease: the same remark is applicable to young children, who cough much less frequently than those who are older. In diseases of the lungs in general, the cough may completely cease if the brain becomes seriously involved; for a cerebral disorder renders a patient unconscious of the irritation, which, under ordinary circumstances, would give rise to severe cough. Secondary inflammation of other organs, as the stomach and bowels, sometimes produces a similar effect, but to a much less degree: this is in accordance with the general pathological law, that a severe intercurrent inflammation will obscure, and, to some extent, replace the symptoms of the primitive affection.—*Med. Examiner.*

DOVER'S POWDER MODIFIED.

DR. TOWNSEND, of Wheeling, has sent to Dr. Drake a note, in which he recommends two new ingredients in the formula for this popular compound—nitrate of potash and the powdered root of the *Sanguinaria Canadensis*. Many of our brethren in the West, have long been accustomed to substitute the former of these articles for the sulphate of potash, but have not dispensed with the ipecacuanha. Here is the doctor's recipe: Opium and the powdered root of the sanguinaria, each one grain, nitrate of potash eight grains, mixed intimately by trituration. This preparation he has used, instead of the officinal, since the year 1816. The following are his pharmaceutic and practical remarks concerning it:

"It is said in our Dispensatories that the only use of the sulphate of potash is, to reduce the opium to an inpalpable powder by the hardness of its crystals. I dry the opium and then pulverize it until it all passes through a fine sieve. This enables me to use the nitrate of potash, which is a diuretic salt of long-established value, and always admissible when the Dover's powder is proper. Instead of the ipecacuanha of the old preparation, I have substituted the pulverized root of the *Sanguinaria Canadensis*, which is as good a diaphoretic as the ipecac., at the same time that it is an alterative of nearly as high powers as mercury. My Dover's powder, then, does not contain anything in the old preparation but the opium.

"I am aware that many are opposed to everything new. But let such look at the long list of diseases enumerated by Professor Tully, in which sanguinaria has been found highly beneficial as a deobstruent or alterative; and they may be enabled to appreciate its value as a substitute for ipecacuanha in the composition of Dover's powder; and instead of a useless innovation, they may find it to be a real improvement. There is now no question that, as a diaphoretic, for which Dover's powder is so frequently employed, the sanguinaria will do all that ipecacuanha is capable of doing. If, then, sanguinaria possesses other and valuable properties, not possessed by the ipecacuanha, but calculated to fill the indications for which Dover's powder is usually prescribed, it must be obvious that it will render the new preparation a better article, and consequently deserving of the attention of the medical profession.

"I might, from the facts already known of the *modus operandi* of the sanguinaria, go on to show, theoretically, that this modification of the Dover's powder is calculated to make a very superior article to the old preparation. But I am contented with using it in my own practice, and with giving this simple notice, that those of the profession who think proper may avail themselves of any advantage this preparation can afford. The sanguinaria is the growth and product of our own country. This alone is by no means an unimportant consideration, inasmuch as it will assist, as far as it goes, in rendering us independent of other and foreign countries for a necessary article."—*Western Journal of Medicine and Surgery*.

OVARIAN DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If the following briefly sketched cases are worthy of an insertion in your excellent hebdomadal, they are at your disposal.

Mrs. D., æt. 35, bore a child 15 years ago; had a bad "getting up," and has not been healthy since. For many years she was troubled with a tumor in the right breast, painful at times, and thought to be a *cancer*.

Aug. 24, 1838, she complained to me of a small, hard tumor situated in the right iliac region, just above the crest of the pubis. No pain, but its gradual increase excited alarm. Catamenia profuse, with general debility; afterwards irregular, and latterly a total cessation thereof. I pronounced it a disease of the right ovarium, and prescribed accordingly, until, in consequence of the gradual enlargement of the abdomen, the *women* suggested that perhaps my services would be more useful about nine months thereafter! Soon, however, it was regarded otherwise.

In Feb., 1839, the catheter was required, in addition to other means usually adopted in cases of dropsy, which seemed to make no sensible impression on the disease. In July following I tapped her, and drew off 12 lbs. of muddy serum. She soon resumed her domestic avocations, with a gradual enlargement of the abdomen. The mammillary tumor nearly disappeared, and was not painful.

At intervals varying from two to ten weeks, I tapped her eleven times, drawing off, each time, from 12 to 18 lbs., and in all more than 18 gallons of serous, albuminous and sero-purulent fluid. During the intervals she was generally able to attend to her domestic duties; but the tumor gradually hardened, enlarged, and became immovable. After tapping in Aug. last, peritoneal inflammation supervened, and the serous effusion was very rapid, causing an operation Sept. 21 and Oct. 1. Extreme pain in the hypogastric region, with strangury. Catheter removed only a small quantity of urine. She died Oct. 3.

Autopsy—12 hours after, with Dr. P. A large fleshy sac occupied nearly the whole abdominal cavity, forcing the intestines into the left hypochondriac region, and firmly adherent to the abdominal parietes; sac filled with small hydatids and sacculi containing serous, albuminous and sero-purulent fluids nearly 18 lbs., notwithstanding the operation 48 hours before. Exterior to the tumor, and near the right kidney, was a sac containing about two lbs. of serum. Urinary vesicle very much contracted, and the left iliac and part of the hypogastric region occupied by a sac containing five or six lbs. of fluid, urinous in color and odor. Liver healthy, but contracted from severe pressure. Want of proper assistance, and other uncontrollable circumstances, precluded a farther prosecution of an examination so desirable and interesting.

Mrs. D.'s mother died in England of the same disease.

In your Journal of the 30th ult., under the caption, "Actual cautery in gangrene of the mouth," I was surprised to find it asserted that it was "considered to be the only remedy which afforded any chance of arresting the gangrenous destruction of the soft parts, after perforation of the cheek." About a year ago I had a case of gangrene, which per-

forated both cheeks, and was spreading rapidly, which was completely arrested by circumscribing the gangrenous part with a line drawn with a pencil of nit. argent. The sloughs, granulations and adhesions were similar to those of the first case mentioned in your Journal. One cheek entirely healed, and the other excepting a part the size of a crow-quill.

I have also just had under treatment a little girl with an aphthous affection of the mouth, similar to that of Margaret Dagnell, mentioned in the same connection, which resisted ordinary means, and extended from the inner side of the lips to the gums, cheeks, tongue and fauces. Two applications of nit. argent. arrested its progress, and an astringent gargle with constitutional treatment soon effected a cure.

These cases are not cited as anything *wonderful*, but to show that the "actual cautery" is not the *only effectual remedy* in gangrene or aphthous ulcerations.

LEVI BARTLETT, M.D.

Skaneateles, N. Y., Oct. 10, 1840.

FACILITIES FOR STUDYING PRACTICAL ANATOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I wish to say a few words upon an important subject, if you will spare me the room. The season for dissection has again commenced, and with it the same trouble relative to the claiming of subjects, that has raged for the past year or two. There are now several medical schools in the city, and each anxious for its own success; but let the contest be outright and manfully carried on. The number reported as subjects for dissection has sustained a remarkable decrease within the past three years, and by some strange circumstance these have not been equally divided among the applicants. The law indeed provides that the report shall be made to the Mayor and Aldermen; but not specifying by whom, advantage has been taken by some one (whom?), to furnish a certain school, by one of the officers of which the report is handed in to the City Clerk, and the subject claimed by the right of prior application. This has been done not merely the past year, but the *present*; and let us know if this state of things is to continue, and for how long, that we may seek redress from the City Council, and obtain at least the right to *apply*. What an exalted opinion that man must have of the duties of his profession, who resorts to connivance with an inmate of the Almshouse, for the purpose of securing the possession of a dead body.

Yours, respectfully, MEDICUS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 21, 1840.

APPARATUS FOR FRACTURED CLAVICLE.

THERE can be little doubt, we should think, of the value of the contrivance invented by Dr. Daniel Eastman, of Aurora, Illinois, which is de-

scribed below. Although the description of the apparatus is given as distinctly, perhaps, as it could be in words, we find it rather difficult to understand exactly how it looks. When the instrument is received, as we have some hope that it will be, the subject will again be called up. It is certainly one of the perplexing things of surgery to keep a fractured clavicle in place. If Dr. Eastman's invention answers that end, he deserves the gratitude of the whole profession.

"First. A shoulder piece of strong cloth, or soft leather, about three inches broad, made to fit like the same width of a coat around the shoulder, when the sleeve is detached. To this attach an anterior and posterior strap, descending obliquely across the chest towards the elbow of the opposite side. This is to be applied to the uninjured shoulder.

"Second. Take two splints, nearly three inches broad, and the length of the humerus, lay them together, and connect them at one end with a hinge, for which leather glued on does well enough. These may be cushioned, and placed under the arm of the injured side, with the hinge downwards. To the external splint fasten another at a right angle, to extend along the fore-arm. The juncture must be made strong, with screws or otherwise. To these splints may be attached a sleeve to button or lace around the arm, which will keep the splints to their place. Attach a short strap and buckle to the upper part of the sleeve, on the fore-arm, near the elbow, and another one to the under part of the sleeve, opposite to the upper one.

"You can now place a small block or wedge between the splints, which will separate the arm from the side to any distance you please, and buckle the straps, which, descending obliquely from the opposite shoulder, will draw the elbow inwards and upwards, and of course draw the ends of the fractured bone to their place, without a probability of a subsequent displacement; which, if it should occur, any person of ordinary mechanical skill can rectify by drawing the strap tighter, or inserting a larger wedge, or both if necessary."

Lectures on Theory and Practice.—In the passing notice given a while since, of Dr. Stokes's lectures on the theory and practice of physic, a reference was made to the additional discourses appended to the second edition by our cotemporary, Dr. John Bell, of Philadelphia. He says in the preface that "Diagnosis, a too much neglected part of American medicine, is opened out by this gentleman [Dr. Stokes] with a fulness and accuracy of specification, which the guidance of pathological anatomy alone could give," &c. This is a candid remark, and of itself predisposes one to be favorably impressed with whatever may follow from his own pen. One of the objectionable modes of re-modelling a foreign book for this market, is an attempt to show its faults by interlarding the immaculate opinions of the commentator. In the case before us Dr. Bell gives his author all the credit which is due his profound attainments, and presses nothing upon the reader not strictly in accordance with the plain doctrines of the text. This is judicious; but instead of having added the great amount of matter to be found in this volume, some of which is in a measure lost sight of, from the humble place it occupies, in the character of foot-notes, we are sorry it was not sent abroad by itself, alone and independently. At the 507th page there is really the commencement of a distinct work, which for some good reason, doubtless, is bound up in con-

nection with Dr. Stokes's; whereas the twelve lectures by Dr. Bell deserve a place by themselves. In the first place, they are specimens of medical writing that will well compare with any which have gone before them. Had they appeared in a distinct form, they would have made a far greater sensation; and that is not all, their influence would have been abiding. Our young physicians are getting too much into the habit of skimming over the surface of publications as soon as they have entered upon the responsibilities of practice, with the apology that there is no time for reading elaborate productions. Such being the fact, we are impressed with a conviction that Dr. Bell's twelve lectures, thus humbly appended to a tome sufficiently large before, are not likely to be so extensively read, or to take the rank to which they are richly entitled.

A young practitioner finds that kind of information in these lectures which he may require at the instant it is needed, without being obliged to wander over a mass of extraneous matter, which makes the constant study of certain departments of his profession irksome to him. For example, in lecture 1st, typhous fever is said not to be essentially different from typhoid fever, without the endless arguments pro and con. So, too, of congestive fever—what is it, and what is to be done? Turn to the 3d lecture, and whatever is worth knowing is there presented, divested of the husk and the hull. The same may be said of the several remaining lectures. Each one is a systematic, safe guide by itself. The whole should have been originally an American book, taking a place and a rank. It is not too late yet to detach Dr. Bell's 165 pages, revise them, and send them into the world, to be admired as they deserve.

Embalming.—Dr. Harlan's translation, from the French, of the most admirable and satisfactory work extant on the art of embalming, is just out of the press in Philadelphia—a copy of which we acknowledge with pleasure has been received, but at an hour too late for a more extended notice to-day. Medical students, for they all should be furnished with it in the dissecting season, will find a few at Messrs. Little & Brown's, Washington street.

Filaria in a Horse's Eye.—The receipt of a learned pamphlet, embracing all that is known on this curious and puzzling matter of worms in the eyes of animals, is hereby acknowledged, from the author, Charles A. Lee, M.D., of New York. We had previously read it in the Journal of Science and the Arts, but are nevertheless no less obliged to Dr. Lee. Extracts will hereafter be made.

American Society of Dental Surgeons.—At a meeting of dentists, assembled in the city of New York, on the 18th of August, a constitution was adopted, and all dentists of reputation will hereafter probably belong to the Society—the object being to elevate the profession and to establish uniformity in practice upon scientific principles. Horace H. Hayden, M.D., of Baltimore, was elected president; Dr. J. F. Flagg, Boston, E. Parinly, of New York, and E. B. Gardelle, Vice Presidents. Dr. Parinly was appointed an agent to present a petition to the Legislature of the State of New York, asking for a charter, with power to confer the degree of *doctor of dental surgery*. The next meeting will take place on the

2d Tuesday of August, 1841, at the U. S. Hotel, in Philadelphia.—The above intelligence was gleaned from the last number of the *American Journal of Dental Science*, a periodical which we are always glad to receive. It is creditable to the dentists of the United States that they have succeeded in organizing themselves into a regular college—the good effects of which we trust will soon be manifest. If the literati—the philosophers and the cultivators of general science—in this country, had half the indomitable perseverance of the gentlemen who composed this convention, the many attempts made within the last two years to establish a national association would not have turned out to be mortifying abortions.

Insane Hospital in Maine.—The splendid edifice erected in Maine will be ready for occupancy, say the papers, in the course of the present week. Dr. C. Knapp has been elected Superintendent; Dr. C. Booth, late of the Vermont Insane Hospital, Assistant Physician; Henry Winslow, Steward; and Hon. R. Williams, B. Brown and Rev. W. C. Larabee, Board of Visitors. The building has a beautiful location, on an eminence between Hallowell and Augusta, on the eastern side of the river, commanding a charming view of both towns and the neighboring country.

Medical Miscellany.—A man died lately—so it is said in the papers—at Waltham, Mass., at the age of 25 years, whose whole body, externally and internally, even embracing the brain, liver and heart, was filled with tumors, from the size of a hen's egg to that of a mustard seed.—Mr. Allen's first No. of the third volume of the *American Phrenological Journal*, is filled with good matter.—Each vessel of Mr. Cunard's line of Atlantic steamers running between Liverpool and Boston, has a physician exclusively devoted to the passengers. Dr. Scott is attached to the *Caledonia*.—Another hospital is proposed at South Boston, in connection with the House of Industry. The building erected some months since for a hospital, adjoining the House of Correction, is nearly completed.—Five cases of smallpox exist at Nantucket—all natives of the South Sea Islands: one death, only, has occurred thus far.—Mention is made in the *India Journal* of three women in the Gwalior State, whose noses had been amputated by their husbands, and who applied to Dr. Brett, Surgeon General of the Governor General's body guard, who supplied the deficiency and restored the integrity of their countenances.—Baboo Mootee Lall Seel has offered to give 60,000 rupees to the first Hindoo widow who will break over a ridiculous custom of the country, and marry a second time.—The class in the Medical Institution of Yale College is larger than it has been for several years past.—A subscriber informs us that if we do not accommodate him in a certain way about paying his subscription for the *Journal*, he "shall hafter stop it." He shall be accommodated, by all means.—We regret to say that an accident of a very serious nature occurred in Pittsfield, on the 12th inst., to Dr. David Palmer, president of the Medical School of Woodstock, Vt., and lecturer in the Berkshire Medical Institution. He had been engaged for several weeks in delivering a popular course of lectures on geology, chemistry, &c., in which the citizens have been greatly interested. While illustrating some principle under discussion, he inhaled a quantity of sulphuric acid, and it is feared that he cannot survive. The gentlemanly bearing, high scientific

attainments, kindness of disposition, and christian character of Prof. P. have enlisted the sympathies not of the medical class merely, but of the whole community.—Our subscribers frequently inquire respecting Copland's Dictionary, for which some have paid in advance. We have kept them informed in the Journal of the slow progress of its publication in England. Gen. Duff Green, of Washington, is the only person, we believe, who is responsible for its re-print in this country; but whether he has made any arrangements for re-publishing the parts which have been received, we are not informed.

TO CORRESPONDENTS.—Dr. Paine's reply to H. I. B. came too late for this week. It will be commenced in our next.—We have been deferring the review of another work, by a western correspondent, longer than we at first intended, and our friend the writer must still bear with us till Dr. P.'s reply is finished.

MARRIED,—At East Haddam, Ct., Frederick W. Shepard, M.D., of Essex, to Miss Maria T. Green.

DIED,—At Natick, Mass., Moses P. Cleaveland, M.D., 33, eldest son of Prof. Cleaveland, of Bowdoin College.—At New Orleans, Dr. David Kerr, one of the oldest and most respectable physicians of that city.—At the Insane Hospital, Brattleboro', Vt., Dr. Theodore Woodward, extensively known as professor of surgery for many years in the Castleton Medical Academy.

Number of deaths in Boston for the week ending Oct. 17, 26.—Males, 12—females, 14. Stillborn, 3.

Of consumption, 7—canker in the bowels, 1—fits, 1—hooping cough, 3—old age, 2—canker, 1—dropsy, 1—infantile, 3—disease of the heart, 1—dropsy in the head, 3—cholera infantum, 1.

LECTURES ON HERNIA AND MECHANICAL SURGERY.

ON Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the correction of distortions.

The relief of the various curvatures of the spine, deformities of the limbs, and club-foot, will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical*, as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket five dollars.

Philadelphia, Sept., 1840.

O. 14—1m

HIEBER CHASE, M.D.,

Ninth street, below Walnut.

ALBANY MEDICAL COLLEGE.

LECTURES will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	JAMES MCNAUGHTON, M.D.
Materia Medica and Natural History, by	EENEZER EMMONS, M.D.
Anatomy, by	JAMES H. ARMSTRONG, M.D.
Chemistry and Pharmacy, by	LEWIS C. BECK, M.D.
Obstetrics, by	DAVID M. McLAUGHLIN, M.D.
Institutes of Medicine, by	THOMAS HUN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

ALDEN MARCH, President.
J. H. ARMSTRONG, Registrar.

Jy 29—tN

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	NATHANIEL CHAPMAN, M.D.
Chemistry,	ROBERT HARE, M.D.
Surgery,	WILLIAM GIBSON, M.D.
Anatomy,	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

W. E. HORNER,

Dean of the Medical Faculty.

Jy 22—eptN15

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDSEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Medical College is situated at the corner of 10th and E streets, equi-distant from the Capitol and the President's house.

In the arrangement of this building, and the organization of the school, particular reference has been had to the study of *Practical Anatomy*, a branch which the student will enjoy peculiar facilities for cultivating.

The Professor of Surgery will show all the operations upon the recent subject, and afford the student an opportunity of repeating the more important ones with his own hand.

The Professor of Chemistry has a complete chemical and philosophical apparatus.

The Professor of Obstetrics will illustrate his lectures by obstetrical apparatus, and an ample collection of preparations and drawings.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

The requisites for graduation are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one in some other respectable institution. He shall have entered his name with the Dean of the Faculty as a candidate for graduation, and delivered to him an inaugural dissertation on some medical subject, thirty days before the close of the session, and pass a satisfactory examination.

All persons who have attended two full courses of lectures in this school, are entitled to attend succeeding courses free of expense.

The degrees are conferred by the authority of the Columbian College, incorporated by an act of Congress of the United States.

Good board can be procured at from three to four dollars per week.

J. M. THOMAS, M.D.

City of Washington, June 2, 1840.

Dean of the Faculty.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

Boston, June 21, 1840.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, OCTOBER 28, 1840.

No. 12.

DR. PAINE'S REPLY TO H. I. B.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You will much oblige me by publishing the following reply to the attack upon my Essay on the Principal Writings of P. Ch. A. Louis, M.D., which appeared in your Journal on the 9th, 16th and 23d of September, purporting to have been written by “H. I. B.” I have divided my communication into several parts, so that it may interfere as little as possible with the rights of other correspondents.

New York, Oct. 4th, 1840.

Very respectfully yours,

THE AUTHOR OF THE
MEDICAL AND PHYSIOLOGICAL COMMENTARIES.

No. I.

I am sensible that it is a good rule for an author to leave his work to the justice of the world, which never fails to discover its motives and its merits, whilst it holds in the same balance those of his critics. But, it has been the destiny of my book to have met with an unusual adversary before it can have had the advantage of any general perusal; whose purpose has been to impede its circulation by misrepresenting specifically my Essay on the “Principal Writings of M. Louis,” and the objects of the work in a general sense. I am, therefore, induced to depart from my views of expediency under ordinary circumstances, and to protect myself against the misstatements of “H. I. B.,” till the public may take the work into its own charge.

Having, then, undertaken my own defence, I shall notice every point of attack, *in extenso*, that the work may be neither imperfectly done, nor my neglect of any objection be construed into an admission of its correctness. But, more than myself, I have in view a defence of the Essay which is the special subject of assault, since it relates to some momentous questions in medical science.

It is painful to me in performing this act of justice, that I am compelled to touch upon the morals of another, or to employ any language of recrimination. It is more especially so to recur to a task which I assumed in relation to the writings of M. Louis, and which was undertaken solely in behalf of my profession, and of that general experience of the world upon which my work is founded. But, having determined not to remain silent, I must be efficient. My whole position in respect to M. Louis being susceptible of entire defence, it must not be neglected from any indisposition to renew the subject. I will endeavor, however,

to avoid the expedient of my critic in substituting fraud and personalities for fact and argument. It was doubtless thought that the former would deter me from any collision with him; and here my assailant would have calculated rightly, had he not overstepped the mark as to my honor and veracity.

It may be assumed that "H. I. B." has made the best of his cause, not only for an important reason yet to be assigned, but from his declaration that "we are devoted lovers of the plan originally proposed by others, but first fully developed by Louis, viz., the Numerical Method. We hereby give in our faith," &c. Should it appear, therefore, that "H. I. B.," actuated, also, by the lowest motives, has utterly failed in all his points of attack, the work which he assails will be fairly entitled to the consideration of having placed certain dangerous innovations upon philosophical and practical medicine in such an aspect as to defy their most interested advocates. The public, therefore, will perceive that it is deeply interested in this matter; and in proportion to the intrinsic importance of a subject, is ever its disposition to sustain the advocate of truth,—and especially so, where it is apparent that he has had at heart the well being, alone, of his fellow man. But, I ask for no sympathies. My defence looks only to simple justice, and at questions in which the medical public is as much interested as myself. It is therefore especially upon this principle that I expect a patient hearing, and an impartial verdict. If that verdict be my exoneration, it will then appear that I have been hitherto employed in endeavoring to advocate the cause of truth, the violated dignity of the profession, and the desecrated worth of its illustrious founders and of those devoted men who have carried the science of medicine to its present high advancement. In the Essay in question I have endeavored to turn aside the scorpion lash, and here, as elsewhere, to rescue medicine from its imputed "infancy," and to place it where it belongs, in virtue of its wide range of observation and surmounted difficulties, at the head of all human pursuits. This is its rank,—not because of its abstract importance to the necessities and the happiness of mankind, but because no other science was so early cultivated with zeal; no other whose foundation was originally laid in the Baconian philosophy; no other to which that philosophy has been almost uninterruptedly applied for more than two thousand years; no other upon which the efforts of genius have been so largely and powerfully concentrated; no other which swallows up all other science; no other which has left so little for the labors of posterity. I speak of its proper attributes,—not as they are illustrated by ignorance or speculation, or as they are misrepresented by ambition or honest credulity.

I shall have little to say of the style and temper of my reviewer. They carry their own elements of interpretation; and, whilst they seem to denote an unexpected calamity, they have probably rendered sufficiently suspicious the pretences which they were designed to enforce. I come, therefore, at once, to the subject matter of *complaint*. In the first place, however, I would say that, "H. I. B.," the author of the strictures under examination, having impugned my veracity, should have had the magnanimity to have written without disguise. The ini-

tial signature, although sufficiently indicative to many of the authorship, is concealment to most, and may be soon unknown. It serves, however, as a pretext for open avowal should the strictures remain unnoticed, and as a loop-hole of escape should a merited exposure be made. I shall therefore place the authorship upon a ground that shall be intelligible to all, and that no innocent man may be unjustly suspected. I assume, then, that "H. I. B." is Doctor Henry I. Bowditch, the Translator of Louis on Typhoid Fever, who also "revised and altered" Cowan's translation of Louis on Phthisis, and who is or was the copy-right proprietor of the American editions of those works. The ground of my conclusion as to the identity of the writer is the initial signature to the review, its appropriation by Dr. Bowditch in his notes to the foregoing works, its remaining uncontradicted, its undoubted import by others, and the internal proofs which abound in the article.

Dr. B. professedly undertakes the defence of M. Louis. After saying that he has "no fears for the foundation of Louis's main ideas,"* he continues,—“Still we feel unwilling to allow any writer, under the pretence of examining the philosophical views of M. Louis, to traduce his character. If all that is said by Dr. Paine of the former physician of La Pitié be true, M. Louis deserves to be treated not merely as one wholly unworthy of confidence in medicine, but as an individual of a base private character.”—(P. 73.) And farther on he repeats, “Dr. Paine attempts to prove Louis a liar (we are aware of the meaning of the word), by quoting a translation.”—(P. 80.) Here, then, Dr. B. has unnecessarily magnified the inductions which I had drawn, and perverted my Essay to the injury of his friend, since I certainly neither expressed nor entertained such an opinion; and the best evidence which I can offer of my reliance upon his veracity is to be found in the unhesitating manner in which I have received all his statements. This confidence in his veracity appears, also, repeatedly in other Essays, where I have ever quoted his facts and opinions as substantial authority. (See Vol. 1, pp. 314, 408, 533; Vol. 2, pp. 320, 626, 629, 632, &c.) And when employed in repelling his imputation of duplicity and falsehood to venerated members of the profession, I have not retorted the allegation, except in a suppositious manner to show the unhappy results of discrediting medical testimony. (See Vol. 1, pp. 295, 331—332; Vol. 2, p. 680—681.) We have constant examples before us, and around us, where ambition so far saps the moral principle as to render it careless of public rights; but where, also, it is restrained in respect to those private virtues which form the important cement of society. Shall we, for instance, pronounce the politician a “liar,” and of “a base private character,” because he disregards the public weal to carry the objects of party, or even to advance the aim of selfish ambition? It is exactly in the foregoing respect that I have considered M. Louis,—publicly wrong, but probably amiable in private life. This is one of

* The introductory part of Dr. B.'s attack is a common reëcho of what appears in Cowan's Preface to the work on Phthisis, in relation to Broussais's *Examen*. “Whilst thus deprecating,” says Cowan, “the tone of prejudiced and illiberal feeling which pervades the strictures of M. B.—, we are not anxious about their effects on the volume before us,” &c. The notice, however, is respectful, notwithstanding Broussais “has alternately impeached the accuracy and veracity of M. Louis.”—(P. 59.)

the paradoxes of human nature, which could not be inferred *à priori*, but which is revealed through daily experience. However unhappy this system of morals, the broad limits exist as I have represented them; though it be certainly true that the barrier is easily passed, and the distinction obliterated.

What I have said of M. Louis's ambition as a public man, of his diplomatic expedients, of the rights he has invaded, of the characters he has assailed, of the degradation to which he would reduce the profession, is predicated of premises which are before the world, in the language of my author. That world, and not an interested partizan, must be my judge. And now, to do the fullest justice to all, I may say that one of my author's judicious friends and defenders, in a late notice of my Essay, does not intimate that I had questioned his veracity, and allows my "general fairness and candor."*

But, what is most extraordinary, is the affirmation, that, "Dr. Paine attempts to prove Louis a liar *by quoting a translation*; whereas, if he had taken the trouble to look at the original, he would have found that he by no means could prove what he wished."—(P. 80.) Now Dr. Bowditch being the author of that translation must certainly take the imputed blame to himself. Least of all should he put forth his own version as the ground of his author's error, and by thus repudiating it, endeavor to show that through his own inaccuracy he had led a confiding man to do an act of the highest injustice to another, and then turn upon him as a calumniator. It will be seen, also, that this matter relates to a question in which M. Louis has taken no part, and is one with which his veracity has not the slightest connection. That nothing, therefore, is found by Dr. B. to justify his imputation is manifest from its guarded manner, the nature of the premises, and the subject matter which will be soon set forth.

I had certainly some suspicion that Dr. B. would complain of any version I might have attempted of the writings of M. Louis,—especially those on Phthisis and the Typhoid Fever. I therefore took the precaution of adopting his own translations; and this more especially as we are assured by Dr. Bowditch in his Preface to the latter, that he believed he had "translated *truly the meaning* of the author *in every respect*," whilst that on Phthisis had been "revised and altered" by the same hand, and duly registered in the archives of the nation. Having thus determined upon the *safest* course, and stated the fact at page 686, and no objection having been raised against the translation in Europe or America, till now made by the translator himself, it is clearly absurd to suppose that it was incumbent on me to have compared it with the original work, since this would have involved the necessity (on account of the multiplicity of my extracts), of comparing the whole of the four volumes on the typhoid affection. My objector says, "If he had taken the trouble," &c. The task is more difficult than the requisition to perform it, since the principle exacts not one, but an universal comparison. And suppose that others, as Müller, for instance, whom I have quoted largely and critically, should start the same objection; will it be

* New York Journal of Medicine and Surgery, No. 6, Oct. 1840, p. 423.

said that it was my duty to have compared the whole of Baly's translation of 850 compact pages with the original German ; and especially when I stated in my work that I should adopt acknowledged translations of foreign authors in preference to any version of my own, that no one might complain of misconstruction. Dr. B., however, having condemned his own translation, renders it proper to inquire how far he may escape under this subterfuge, and especially whether he has made out his principal, but more concealed object.

The reader, by referring to the connection of the foregoing quotation with other remarks by Dr. B., will observe that the imputed attempt to convict M. Louis of "lying" is predicated of the proof by which I thought it expedient to identify M. Louis with the superintendence of the typhoid cases. Since, however, M. Louis no where intimates that he had not the entire charge of these cases (the only ones which I have assigned him), but, on the contrary, everywhere implies that such was the fact, the charge upon which I am arraigned is necessarily a fabrication, and as criminally injurious to M. Louis as unjust to myself. What, then, was the object of Dr. B. in this experiment? Could there have been any other than that of forcibly implying that M. Louis had denied his care of the typhoid patients and that I had endeavored to prove it otherwise? But, a greater consequence is involved, viz., that of impressing the reader with the certainty that M. Louis was not the prescribing man. The question, then, had not the most remote connection with my author's veracity. So unsuspecting, indeed, was I of "attempting to prove M. Louis a liar," I had supposed that I was merely employed in receiving his own testimony that he was responsible for the treatment of the 138 typhoid cases, upon which he erects his generalizations in relation to the typhoid fever. Dr. B. professes not to understand my motives even for this. I will tell him, what the reader, however, who may have seen my Essay, sufficiently comprehends. About the time my work was going to press, in a conversation with one of M. Louis's able disciples, I told him that I considered Louis not only vulnerable as a pathologist, but in his treatment and therapeutical conclusions. The defence was immediately set up, that Chomel was the hospital physician, and consequently alone responsible. I had little doubt, therefore, that Dr. B. would be very likely to resort to the same pretext. Indeed, I have stated this very fact in my Essay (p. 800). "*Hinc illæ lachrymæ.*" In every aspect of the case, however, it should be the pride of his followers to admit, what Louis constantly implies, that he had the active superintendence of the 138 cases, since his "rigorous conclusions," anatomical, pathological, and therapeutical, would be, *prima facie*, seriously impaired without this evidence of their practical foundation.

Still, it is manifest that Dr. B., for divers reasons, is strongly disposed to avail himself of the pretext ; by which the reader will perceive that I had not been greatly mistaken in my conclusion, nor unwise in my precautions. Thus, in connection with the quotation which leaves me impeaching the veracity of M. Louis, Dr. B., to give it plausibility, affirms that "there is no such expression in the work on typhoid fever,

as 'I prescribed,' meaning thereby to state definitely that Louis prescribed." It is here that Dr. B. disavows his own translation of an instance which I had cited to the foregoing effect, and one of a very comprehensive nature,—namely, "*we abstained from bloodletting in the others, either on account of,*" &c.,—the original being, in this instance, "*On abstint,*" &c. Again, a little farther on (p. 448), M. Louis says, or his translator for him,

"We allow generally that a moderate delirium does not require a special and very energetic treatment, and according to the most common practice, *we confined ourselves*, in order to counteract it, to the application of blisters and sinapisms to the lower extremities, in the patients *whose histories* I have compiled."

I have also taken this example on account of its comprehensive import, and have confined myself to Dr. B.'s translation, not only because I originally proceeded upon that principle as the one which I supposed would be most acceptable, but to show that, if the version be not exactly literal, it was rendered otherwise from the conviction of Dr. B. that Louis was the "acting man" in relation to "the patients whose histories he had compiled,"—whilst we have the doctor's affirmation that, in his belief, he "had translated *truly the meaning* of the author *in every respect.*"—(*Preface.*)

I am now no farther interested in this question than in carrying out my intention of simply performing an act of justice to Chomel. If this gentleman chooses to take the credit of the 138 typhoid patients,—be it so. The principle, as to the only object of my analysis of the treatment, will be in no respect affected, unless it be to diminish still more the value of my author's therapeutical generalizations. But, till then, I must insist upon the evidence for my conclusion, that the treatment was not only the unqualified basis for doctrines of the highest moment, but was projected by M. Louis himself. This, indeed, is everywhere so apparent from the manner in which M. Louis identifies himself with the history of every case from the time of its admission till its exit, that the fact cannot be doubted till contradicted; and this will never be done by M. Louis, or by any considerate friend, not only for the reason already stated, but as it would imply an attempt to have misled the profession. Take, again, the following examples of the manner in which the translator "*truly*" understood "*the meaning*" of his author. Thus,—"*Our patient had kept his bed,*" &c.—(Vol. 1, p. 4.) "*Our patient was placed,*" &c.—(P. 6.) "*Although our patient was placed,*" &c.—(P. 68.) The work abounds with expressions which appear to denote that Chomel extended his kindness so far to M. Louis as to suffer him to institute his experiments upon these 138 patients. The reader may find the proof on almost every page. I referred specifically to a multitude of instances. Vol. 1st of the translation may be consulted at pages 21, 45, 64, 82, 85, 87, 95, 121, 132, 148, 159, 237, 244, 263, 343; and vol. 2d, at pp. 7, 14, 27, 29, 30, 39, 45, 60, 74, 77, 128, 129, 136, 152, 162, 171, 180, 187, 193, 197, 198, 200, 202, 205, 206, 207, 208, 234, 261, 274, 290, 291, 307, 342, 343, 382, 384, 391, 438, 439, &c. The foregoing references relate gene-

rally to instances which show an intimate connection of the observer with the prescriptions which are announced. I will cite one for the purpose of showing also the *means* of information upon which M. Louis has founded his hypothesis as to the *primary* seat of the typhoid affection in a lesion of the glands of Peyer. After detailing the seven days' symptoms with which the patient had been affected before entering the hospital, M. Louis continues,—“The *patient* assured *me* that he had had a little *delirium*.” The same day we read “slight stupor,” “*memory seemed to return to the patient as I questioned him*,” &c. Then follows immediately the prescription. (Vol. 1, p. 342.) (*My Italics.*) No one can take up the work on Typhoid Fever without feeling irresistibly that M. Louis had the active superintendence of the cases which he describes. I cannot find Chomel alluded to beyond the “Advertisement,” except in three instances, and then only very incidentally. Nevertheless, I was indifferent to the fact, except so far as I felt disposed to silence prevarication, as will appear from my declaration that,—“this would be *unimportant*, since our author makes the cases entirely his own, erects generalizations upon them, and defends the whole treatment.”—(P. 685.) This construction, however, Dr. B. studiously conceals. But his objects, and mine, are now before the reader. My comments upon the treatment, from which I was disposed to separate Chomel, never would have been made in relation to the practice of any man who had not treated the profession as discourteously as I have shown of M. Louis; and had this distinguished individual been less unceremonious, my Essay would either have had no existence, or would have appeared in a different aspect. What I have set forth of his hostility to the profession is urged as a merit by Dr. B. when he says, “Louis, *disgusted* with the uncertainty prevailing *in all* branches of medicine,” &c.—(P. 79.) (*My Italics.*) This shows that my strictures were wanted; and if the profession do not find them acceptable, I can only regret that I had attempted so ungracious a service.

The reader will have seen that it was the apparent object of Dr. B. to pervert the foregoing subject so as to extort the charge that I had attempted to “prove M. Louis a liar.” So far it was designed to impute to me what I was not attempting; but, a greater object doubtless was to establish the impression more fully, that M. Louis is not responsible for the treatment of the typhoid cases. The secret of this will be found in my comments, and in the death of more than one third of the patients. The solicitude of Dr. B. upon this question may be seen in his hunting the work through to ascertain that there is no such expression in the original as “I prescribed.” The whole state of Dr. B.'s mental operations will be farther disclosed by my next exploration.

In connection with the foregoing subject, it is said by Dr. B. that “Chomel, notwithstanding Dr. Paine takes it upon himself to declare to the contrary, is *always the chief physician*.”—(P. 79.) This is not only a positive averment, to convict me of untruth, but is intended to carry out the impression, as implied in the statement already examined, that I had attributed the superintendence of the hospital patients, in a general sense, to M. Louis. Should it, however, turn out in

all respects exactly the reverse, Dr. B. must occupy a worse position than he had provided for myself. In the first place, then, I have carefully restricted M. Louis's agency to the 138 typhoid patients; and, secondly, I have stated the very declaration of M. Louis, upon which Dr. B. brings his charge that "Dr. Paine takes it upon himself to declare to the contrary." Thus,—“It should be observed, *in the first place*, that in the ‘Advertisement’ to the work, Chomel is spoken of as having *the supervision of the hospital*.”—(P. 685.) Now, what says the ‘Advertisement’? “At that time under the superintendence of M. Chomel;” or, as the translator has it in his new version (and as will appear more fully hereafter), “under the *supervision of* Mons. Chomel.” This is every word that appears upon the subject, and, as will be seen by the entire extract in my second number, is noticed by M. Louis in a transient manner. This well-known fact I have no where questioned, and it was stated by me for the very purpose of contradistinguishing the 138 typhoid patients from the general mass, which I had never doubted were under Chomel's exclusive superintendence. And here it is worthy of remark, that Dr. B., in the very midst of this serpentine course, not only allows more than I had contended for, or believed to be true, but contradicts the whole of his statement, in saying that M. Louis “gave up his business, and entered as *clinical aid* to his friend Chomel.” Again, the same thing is implied in the following sentence,—“but it remains for Dr. Paine to find out that Chomel ought to be ashamed of his *co-laborer*,” &c.—(Pp. 76, 79.)

Finally, the work on Typhoid Fever was designed to unsettle the most important principles in physiology, pathology, and therapeutics; and, not being otherwise stated, it is inferable, *à priori*, that this vast enterprise had the advantage of the fundamental requisite,—that is to say, the author's personal superintendence of the 138 cases of the typhoid disease. I need not inform my reader, that it is not unusual in French hospitals for the chief physician to delegate a certain class of patients to other physicians for the work of experiment. This fact, and its consequences, I had occasion to illustrate, by example, in my “Commentaries.”—(See *Vol. 1, p. 305.*) I may say, however, that, as in my Essay on the writings of M. Louis, I had in view no partial objects, but principles co-extensive with the importance of the healing art.

I have dwelt long, perhaps tediously, upon the foregoing implications; but they had been sedulously involved, and put forth with a commanding confidence. A full analysis has been therefore indispensable, not only to develop the motives and deportment of Dr. B., but to place my relations to M. Louis, as a commentator, in their proper aspect. Nor can I yet conclude, without admonishing the reader that something yet remains to illustrate the *quo animo* of my critic in respect to the present subject, and by which it will appear that, through a fraudulent translation and surreptitious quotations, designed to pervert the truth in other respects, he simultaneously enforces the belief that M. Louis was not only intimately concerned with all the cases of every disease to which he refers in his work on the typhoid affection, but, in so doing, imputes to that work a foundation which has no apparent existence. The state-

ments and allegations are ingeniously conceived, and artfully involved. They require, therefore, a more or less elaborate examination. There is no one which is not essentially destitute of truth, and they are generally distinguished for a combined purpose of impugning my honesty or veracity, of misrepresenting my work, and of misleading the profession as to M. Louis's labors and doctrines. It is true, that in certain instances I am allowed the alternative of having read my author carelessly or not at all. But this is no part of the character of my work; and, whilst I am not ambitious of the indulgence, its sincerity is contradicted by the ample evidence in my Essay that I had not only read my author repeatedly, but with careful attention. The critical press, also, which has been thus stealthily invaded, requires redress; and I cannot but think, therefore, where so many wrongs are committed, the public must feel an interest in their proper exposure. I lament the necessity of employing any language that may be offensive to a chastened taste; but, vulgarity may not always be rebuked by forbearance, and there are transgressions which are better described by their right names, than by any circumlocution.

HOMŒOPATHY—DR. LEE, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—No one who has inquired into the merits of the doctrine called Homœopathy, with the candor and diligence which the subject demands, can read with any degree of complacency the communication of your correspondent Dr. Lee, of New York, as given in your Journal of the 14th inst.

Dr. L. expresses some alarm lest the memory of his brother-in-law, the late worthy and highly esteemed Dr. Caleb Ticknor, should suffer from the single remark made by you in your obituary notice of that much-lamented physician, that "Dr. Ticknor had become a thorough convert to Hahnemannism from an honest conviction that it was a rational system." Yet, Sir, I cannot but think that if Dr. Lee meant to convey the idea that he wrote *purely* and *solely* to defend the character of his deceased friend, he has been very unfortunate in the attempt, since any such conviction, on the part of the candid and intelligent reader of his letter, must be prevented by the manner in which he speaks of the doctrine above mentioned.

Why does Dr. L. attach so much importance to the almost unmeaning play upon the words Homœopathy and Hahnemannism? When you used the latter in your very respectful notice of your friend, did you not consider it as synonymous with the former? Are not the terms Homœopathy and Hahnemannism so used, and have they not been so used altogether, until very lately? Does not your correspondent know that a pretended distinction in these terms has but recently been used? And can he suppose that honest homœopaths are not fully aware of the object for which this pretended distinction is got up? If he can, he must be as much wanting in a knowledge of mankind, as he has set

himself forth to be, in his brief epistle, of the *true and whole doctrine* of Homœopathy or Hahnemannism.

The whole doctrine is brief enough to need no division. It teaches that in selecting the remedies for the treatment of a disease, the fundamental principle or natural therapeutic law, *similia similibus curantur*, should be observed; and that in the use of the remedies, only so much should be given (though it be but the millionth of a grain or less) as will produce the least possible exacerbation of the disease, but still sufficient to hasten the diminution of the morbid phenomena, or dispel them entirely. This is Homœopathy—this is Hahnemannism. Hahnemann was the first who taught that these principles should be a general guide in the treatment of disease, and that they were universally applicable; though he claims not to be the first that had a glimpse of the former, which he considers as the natural therapeutic law. And he has performed more than ten times the labor to show that it had been faintly seen, partially acted upon, stated, and lost sight of by his predecessors, than has been done by all the opponents of the new system united.

He who should observe the law, *similia similibus curantur*, and still give his remedies in ounces and drachms, would not be a *homœopathic practitioner* in the full, legitimate and common acceptation of the name. Nor would the physician who, rejecting the fundamental principle of homœopathy, should give the infinitesimal doses, deserve to be called a *Hahnemannist*.

Dr. Ticknor's pamphlet remains to tell how far he had become a convert to the new doctrine, and will doubtless be well understood without a commentary from his survivors. Homœopathists had not been anxious to claim him as one of their number, though they were happy to hail one possessed of such talents and industry, on his very entrance to the work of examining their favorite doctrine and testing the new principles on which it is founded.

Dr. Lee, after admitting that Dr. Ticknor "had been led to believe that the fundamental principle of homœopathy was of vastly greater importance, and of more extensive application, than is generally believed," adds, "he never maintained, with homœopathists, that *the half is greater than the whole*, and that the millionth of a grain of medicine had more power than the whole grain."

There seems to be involved in this insinuation, a truth which the writer did not intend to express, for if Dr. Ticknor had maintained such propositions, he must have done so alone, and not "*with homœopathists*," as there is nothing in their doctrines which bears the slightest resemblance to such; and this, Dr. Lee, if he *understands* anything of them, must know to be the truth. How this insinuation of his, therefore, must be viewed by those who *do know* what homœopathic doctrines are, he may not be at a loss to infer.

He says Dr. Ticknor "utterly discarded the infinitesimal doses," and that "he also unhesitatingly set aside all evidence in favor of the efficacy of such doses." If this be true, it is not at all surprising that it should be the case with Dr. T. at the mere outset of his inquiry into homœopathy. And it would merely show that he had not allowed him-

self to experiment with and test the power of "the little doses," and that he was not yet fairly in the right path. If he had faithfully pursued the only just course, by which he could have come the most speedily to a fair and honest conclusion, he would in the event (and that in a very short time) have had to "set aside the evidence" of his own senses, or admit "the efficacy of infinitesimal doses." The history of homœopathy fully warrants this assertion.

It is stated, also, by your correspondent, that Dr. Ticknor used the "ordinary medicine of the shops, and when he gave homœopathic medicines, he employed the saturated tinctures in appreciable doses." And what of this? It is only another evidence that Dr. T. was not fairly inquiring into the validity of homœopathic practice as taught by Hahnemann and his disciples.

What Dr. Lee's idea is, of an "appreciable" dose, he does not state—perhaps it is, that it should be one which is manifested to our senses by its size, weight, color and odor; but according to Dr. Ticknor's idea, it is one which is "sufficient to make the system feel it." An individual, then, who is made to faint by the odor of musk, otto of rose, cheese, or strawberries, takes an "appreciable dose;" yet who will deny that it must be an infinitesimal one? The person who suffers from smallpox in consequence of respiring a few times in the atmosphere which surrounds one infected with this disease, or one who has intermittent fever from passing a stagnant pool, or a violent cutaneous inflammation from remaining a few moments on the leeward side of a poisonous plant, or who from vaccination has high febrile excitement and a sore and stiffened arm, &c., takes an "appreciable dose;" yet who can say that in either case, even the latter, it is more than the millionth of a grain?

In his final charge against homœopathy, Dr. Lee says, Hahnemann taught "that the billionth of a grain of medicine has more efficacy than a pound, and that his disciples believe it." And this he states without a blush. The disciples of Hahnemann would doubtless like to know from one who has obtained such clear views of the true doctrine of homœopathy, where in his writings such teaching is to be found, and where among his followers he can point to such believers; for until this can be done, they will view such a statement, from any one, as a gratuitous misrepresentation.

Respectfully yours, &c. H.

CONGENITAL CATARACT—OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

DANIEL B. LEAVITT, aged 32 months, was brought into the Infirmary* on the 9th of June, with congenital cataract of both eyes. The child was in good health, with no disposition to inflammation. It was decided to perform the operation of division of the capsule.

A solution of belladonna was applied to the eye at $\frac{1}{2}$ past 12. At 3, P. M., the pupil was sufficiently dilated, and the operation was performed on the left eye with a *fine cambric needle* passed through the cornea a little

* Opened November, 1839, for the Treatment of Diseases of the Eye and Ear.

more than a line from the sclerotica, and making three or four cuts in the capsule. Very little after treatment was necessary; no application was made to the eye—not even a shade. The child was permitted to be about his play as usual, and was carried home on the fourth day from the operation. In five weeks the opacity was entirely removed, and the child seeing well.

The success of the operation on this eye was so complete it was thought advisable to operate on the other. The child was accordingly returned on the 16th of July, and the operation performed on the right eye in the same manner as on the first.

17th. Child restless. Considerable inflammation, and disposed to avoid the light. Prescribed a cathartic; warm bath to the eye, and exclusion of light.

18th. Inflammation, restlessness and fever increased. The child lies on his face so as entirely to exclude the light. Four leeches applied to the temple, baths continued, and solution of antimony given.

19th. All the symptoms have yielded, and the child comfortable and playful. 22d. Carried home. 27th. No inflammation; absorption has commenced; avoids strong light, or shades the eye last operated on, with his hands, when exposed to it.

Oct 9th. The operation has been perfectly successful on both eyes, and the child sees well, with the exception of some indistinctness occasioned by the remaining uncontrollable motion of the eyes.

The only difficulty encountered in the operation was the *extreme mobility* of the eye, which could not be controlled until it was entered and fixed by the needle. The operation on both eyes should be performed at the same time.

JOSIAH CROSBY.

Meredith Bridge, N. H., Oct. 17, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 28, 1840.

HISTORY OF EMBALMING.*

WHATEVER relates to the supposed lost art of preserving the bodies of men and animals through a succession of ages, cannot be otherwise than interesting to the scientific reader. History throws but little light on the process—and although the mummies of Egypt are common in the cabinets of the curious, neither the time of their death, the age of the world in which they lived, or the composition by which their mortal remains have resisted the destructive influences of time through many centuries, has yet been satisfactorily explained. However, M. Gannal, the author of a work that has excited an uncommon degree of interest in France, has succeeded wonderfully, not only in collecting the scattered historical

* History of Embalming, and of preparations in anatomy, pathology and natural history, including an account of a new process for embalming. By J. N. Gannal. Paris: 1838. Translated from the French, with notes and additions, by R. Harlan, M.D. Philadelphia: J. Dobson. Pp. 264. 1840.

memoranda of the ancients on this subject, but has superadded important discoveries of his own. Dr. Harlan, of Philadelphia, whilst residing abroad, took particular pains to examine into the merits of our author's processes, with regard to their subserving the pursuits of science, and the results were so entirely convincing, that he has both translated and enriched it with suitable and appropriate observations of his own.

This translation forms an octavo of 264 pages, neatly bound in boards, and, together with its numerous additions, may now be purchased at a price much less than the original could be imported from Paris. M. Gannal's process for preserving anatomical preparations—the essential, and in fact the all-important feature of the book—has already been introduced into the great anatomical schools of Paris. The Montoyon prize was awarded to the indefatigable experimenter by the Royal Institute, and he was equally complimented by the Royal Academy of Medicine. These circumstances show in what estimation M. Gannal's labors are held by his own countrymen. Of Dr. Harlan, as a profound naturalist, his name is known wherever the liberal sciences are cultivated. In this work he has conferred a favor—nay, he has rendered a special service to the medical and other institutions of the United States in which museums exist. As remarked last week, to medical students it seems to be almost an indispensable assistant, inasmuch as it informs us how to preserve the specimens which we have prepared, against the inroads of vermin, the atmosphere, and all the ordinary causes of destruction to which they are exposed in the progress of years.

Dissertation on Diseases of the Teeth.—Twelve gentlemen, distinguished for their attainments in the science of dentistry, were appointed by the recently-formed society, of which they are prominent members, to write dissertations on the following subjects, for the benefit of the profession: viz., on the best method of saving the natural teeth; on ulcerated fangs, and the methods of cure; on the necessity of stopping carious teeth; on the ligamentum dentis; on the necessity of regulating the natural teeth; on the extraction of diseased teeth; on diseases of the gums; on deciduous teeth; on salivary calculus; on the propriety of filling the teeth; and, lastly, on the toothache.

Physicians will be as glad to possess these discourses as the most enthusiastic dentist; and we cannot feel otherwise than solicitous to have them extensively circulated as a distinct work, instead of being confined to the pages of the Dental Journal. Let every person who has defective teeth have an opportunity of reading the opinions of the best operators in the land.

Maryland Medical and Surgical Journal.—No. 3, an unexceptionable number so far as it regards the character of its papers, though late, has finally reached us. The neatness of the Journal alone, is a recommendation. Reports of cases by Drs. Lawrason, U. S. N.; Barbee, Cincinnati; Jameson, Baltimore; Welch, Annapolis; &c., together with contributions to pathology, by Dr. Power, are particularly recommended to the notice of medical readers. The review of Dr. Gross's Elements of Pathological Anatomy, is a candid production: the author is evidently favorably impressed, but like an honest man endeavors to show how the work may be improved.

Homœopathic Examiner.—The visit of the editor (Dr. Hull) to the far-famed Dr. Hahnemann, now nearly 90 years old, and his young wife, who “adores him,” is decidedly an interesting article. We have always liked the Examiner—as a literary work, and we also like Dr. Hull’s earnestness of manner and devotedness to what he considers medical truth. It seems that Dr. Hahnemann considers Dr. Hering, of Philadelphia, one of his most efficient disciples. He appears to have no knowledge of a legion who hail from his banner in the city of New York and in other places in neighboring States. The Examiner, in point of typographical finish, is not surpassed by any periodical now published.

Danish Medical Publications.—From Dr. Otto, a professor in the University of Copenhagen, we have received, the past week, *Pharmacopœa Danica*, published the present year, an octavo of 316 pages, admirably printed. Also, *Bibliothek fur Læger*, for Oct. and Nov., 1839, edited by Dr. Otto. Also, *De Strabismo*, &c., a dissertation by N. G. Melchior. *De viribus et rationibus maiorum dosium Colomellis*, by C. J. Æ. Horne-mann. *De chemicis Calculorum vesicariorum rationibus*, scripsit E. A. Scharling. This last work is a quarto pamphlet, of 52 pages only, illustrated by six beautifully colored plates, on which are figured fifty-one different forms of the stone. Each and all of these new publications are at the service of our medical neighbors, provided they are punctually returned. Medical authors in the United States, who may wish to exchange their own works for those of other countries, can send and receive packages through the editor of this Journal with as much facility as in any other way. The expense attending the transmission of scientific books through foreign custom houses, is quite small, and cannot therefore be any objection to maintaining a correspondence with the learned of the old world.

Fatty Liver.—Fatty liver is most frequently observed in persons who have died from scrofulous tubercles in the lungs; in those, says Andral, in whom the blood has not been sufficiently arterialized, and in whom the pulmonary exhalation is greatly diminished. Can it be, he inquires, from the absence of the due separation of hydrogen from the lungs that this compound of hydrogen, fat, becomes deposited in the parenchyma of the liver? This question is well deserving the attention of pathologists, and its solution might lead to important information. The disease has also been observed in some cancerous disorders and in dartrous diseases of the skin.—*Cyclopædia of Anatomy and Physiology*.

Apothecaries in Russia.—But, in this analysis of the more respectable part of the population of a Russian town, we have omitted one conspicuous person—the apothecary. He is always among the wealthiest in the place. None can sell drugs without a patent; and as only one or two in a provincial town, willing to gain their bread in this way, have influence enough to obtain the emperor’s permission, there is but little opposition in the trade. Nothing is paid for the patent, so that the free profits of such a business are often very large. A German, whose daughter is married to the second apothecary of a government town near this (Koursk), told us that he had seen his son-in-law’s books, and seldom found the pro-

fits less than 32,000 rubles (or more than £1,200) a year; while the first apothecary, as our informant asserted, draws 50,000 rubles, or £2000 a year. He instanced a smaller town, in which the two dealers in physic draw 15,000 and 25,000 rubles respectively. There are other parts of the continent where apothecaries are equally wealthy; as in the German towns, where they are always among the richest citizens.—*Bremner's Excursions in the Interior of Russia.*

TO CORRESPONDENTS.—An account of the surgical operations referred to by a correspondent in New Hampshire will be thankfully received. We shall also hold him to his promise of an account of a "successful operation for the cure of squinting—so soon as a subject can be procured."

MARRIED.—In Newbury, Elbridge G. Kelley, M.D., to Miss Hannah P. Rand. —In Lynchburg, Va., Dr. Robert Early to Miss Harriet Davies.

DIED.—At Pittsfield, Mass., on Friday last, David Palmer, M.D., of Woodstock, Vt., a professor in the Berkshire Medical Institution. The shocking accident by which this valuable man lost his life, was narrated in the last No. of the Journal. A memoir of Dr. Palmer is due the profession from some of his many friends. —At Berkley, Penn., Dr. Abner Thomas, 58.—In Baltimore Co., Md., Dr. William Dows, 30, formerly of Massachusetts.

Number of deaths in Boston for the week ending Oct. 24, 34.—Males, 22—females, 12. Stillborn, 1. Of consumption, 5—inflammation of the stomach, 1—marasmus, 1—croup, 3—hooping cough, 4—tumor, 1—lung fever, 2—dysentery, 2—sudden, 1—teething, 1—scarlet fever, 2—casualty, 1—cholera infantum, 1—apoplexy, 2—infantile, 1—typhous fever, 1—drowned, 1—diarrhea, 1—delirium tremens, 1—inflammation of the lungs, 1.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.
October 23d, 1840. O. 28—lanuMcheoptO

MEDICAL INSTRUCTION.

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A comfortable office for study, with fire and lights, will be provided.

The fee will be \$75 per annum, payable semi-annually in advance.

LEVI WHEATON, M.D.
H. W. RIVERS, M.D.

Providence, July 11, 1840.

A 5—5t*

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

Philadelphia, July 15, 1840.

A. 26.—tN1

JOHN REVERE, M.D.,
Dean of the Faculty.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 124 Washington street, physicians may be readily accommodated.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDSLY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Medical College is situated at the corner of 10th and E streets, equi-distant from the Capitol and the President's house.

In the arrangement of this building, and the organization of the school, particular reference has been had to the study of *Practical Anatomy*, a branch which the student will enjoy peculiar facilities for cultivating.

The Professor of Surgery will show all the operations upon the recent subject, and *afford the student an opportunity of repeating the more important ones with his own hand.*

The Professor of Chemistry has a complete chemical and philosophical apparatus.

The Professor of Obstetrics will illustrate his lectures by obstetrical apparatus, and an ample collection of preparations and drawings.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

The requisites for graduation are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one in some other respectable institution. He shall have entered his name with the Dean of the Faculty as a candidate for graduation, and delivered to him an inaugural dissertation on some medical subject, thirty days before the close of the session, and pass a satisfactory examination.

All persons who have attended two full courses of lectures in this school, are entitled to attend succeeding courses free of expense.

The degrees are conferred by the authority of the Columbian College, incorporated by an act of Congress of the United States.

Good board can be procured at from three to four dollars per week.

J. M. THOMAS, M.D.

City of Washington, June 2, 1840.

Dean of the Faculty.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by - - - - - Prof. WARREN.

Midwifery and Medical Jurisprudence, by - - - - - Prof. CHANNING.

Materia Medica and Clinical Medicine, by - - - - - Prof. BIGELOW.

Principles of Surgery and Clinical Surgery, by - - - - - Prof. HAYWARD.

Chemistry, by - - - - - Prof. WEBSTER.

Theory and Practice of Physic, by - - - - - Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

WAITER CHANNING, *Dean.*

Boston, July 6, 1840.

Jy 15—tN1

LECTURES ON HERNIA AND MECHANICAL SURGERY.

ON Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the *correction of distortions.*

The relief of the various *curvatures of the spine, deformities of the limbs, and club-foot*, will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical*, as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket *five dollars.*

Philadelphia, Sept., 1840.

O. 14—1m

HEBER CHASE, M.D.,

Ninth street, below Walnut.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, NOVEMBER 4, 1840.

No. 13.

DR. PAINE'S REPLY TO H. I. B.—No. II.

I SHALL now take up the examination of a subject to which I referred at the close of my remarks in the preceding number. The charge which is conveyed, and the manner of its execution, being designed as the most fatal stab at my integrity and my work, the reader must bear with me whilst I place upon record one of the most remarkable instances of critical chicanery that has probably ever fallen under his observation. I could expose the fraud, and thus cover the whole of Dr. B.'s article with confusion, in a few words. "When a man," says Dr. B., "proves false in one position, we suspect him in regard to others" (p. 107); or, as Quintilian has it, "*Maledicus a malefico non distat nisi occasione.*" But it is due to the profession, which is deeply interested in subjects of such importance as are involved in the writings of M. Louis, that I should show, unequivocally, that I have treated them with the most scrupulous fairness. It is due to men of science, and of laborious intellectual industry, that I should make a full representation of the fraud which is here practised, that the pen of interested or unprincipled critics may be less frequently envenomed, and that I should erect a gibbet at which envy itself may stand appalled. It is due to M. Louis, and to the readers of his works, that I should fully expose the manner in which the translator perverts them to interested purposes. It is due to truth, to my honor, and to my work, that I should analyze throughout an artful contrivance by which Dr. Bowditch attempts a plot of such comprehensive design. The specifications which I shall establish are,—

1st. A perversion of a pretended and fundamental extract from my Essay, in disconnecting a part of a sentence from its indispensable relation to words immediately preceding.

2nd. An erasure from the body of the extract of the two most important words, by which the whole meaning is altered.

3rd. That, by this act it is endeavored to be shown, in part, that I have fundamentally misrepresented M. Louis, and, therefore, that my Essay, if not my whole work, is radically defective.

4th. That this intended inference from a surreptitious quotation is directly enforced by an accompanying declaration as set forth in my third specification, and that this charge is also of a general nature.

5th. That a passage of specific import, and relating *exclusively* to the ostensible ground of the supposed anatomical lesion of the glands of Peyer, is put forth in a mutilated form, to show that I had given "an

unfair impression of his (M. Louis's) labors ;" when, in its appropriate place, I had allowed more than is required by M. Louis, or by Dr. B. himself.

6th. That the offence which Dr. B. was thus imputing to me, was perpetrated in the very act and in an unexampled manner by the projector.

7th. That the charge is sustained by a false translation of the original French ; and that, in thus falsifying the author, an impression is attempted that I had committed the crime.

8th. That the translation, in its most essential attribute, is wholly different from the original translation by the same hand, which had declared in its Preface the belief that it had "*translated truly the meaning of the author in every respect.*"

9th. That the perverted translation ascribes an importance to the supposed characteristic anatomical lesion of the typhoid affection, which is not even insinuated by M. Louis.

10th. That the perversion of the translation, and the induction from it by Dr. B., appropriate a foundation, in a general sense, to the work on Typhoid Fever, which M. Louis never designed in the sense which is thus conveyed.

11th. That Dr. B. employs a mutilated fundamental quotation, and a false translation, as a principal means of convicting me of falsehood ; when the true quotation and the true translation show, respectively, that I have stated the truth.

12th. That, contrary to his usual practice in the review, Dr. B. suppresses the original French in the instance under consideration, and a reference to the page in my work.

13th. That, as a critical writer, Dr. B. has adulterated a most important element of the press, thrown suspicion over its honest guardians, and by thus blunting the edge of criticism he has opened wider the door for licentiousness in writing.

Dr. B. is speaking specifically of the supposed characteristic *anatomical lesion* of the typhoid affection.—(P. 82—83.) He goes on thus : "Dr. Paine may think he has gained his end, and that Chomel and we both allow that Louis generalized too quickly—and that in stating the anatomical characteristic of the typhoid fever to be a lesion of Peyer's patches, we declare that the symptoms are dependent upon this change of these patches. Now let us examine Louis's works and see what he says upon the subject ; and first, we must say that in stating the foundation of Louis's assertions, Dr. Paine, as usual, gives an unfair impression of his labors, and leads the reader to believe that all the cases of any disease that Louis examined in order to arrive at definite conclusions in reference to the characteristic lesion of the typhoid disease, were '50 cases of acute disease having certain other analogies, and 83 other cases where these analogies are said to have been more or less wanting.' " The latter clause of the sentence from "50" embraces my words, which stand in their proper relations, and bear the usual marks of a quotation.

Now I will show by the statement as it exists in my work, that I re-

presented the whole truth, and nothing but the truth. The pretended quotation is at my page 686, and refers *exclusively* to the number of cases which are offered by M. Louis as the absolute foundation of his generalization of the *anatomical* lesion of the glands of Peyer. Thus :

"The first thing, we say, which excited our surprise, is the broad affirmation that a lesion of the glands of Peyer may be taken as the anatomical characteristic of typhoid fever, *because it was present in 50 cases of acute disease having certain other analogies, and was absent in 83 other cases where those analogies are said to have been more or less wanting.*"—In the same paragraph, and connected with the same subject, I use the words, "a comparatively *unimportant* lesion of structure;" that is, of Peyer's glands. The bearing of the word "*unimportant*" will be seen hereafter.

The foregoing 50 and 83 cases (133) make the whole number of dissections upon which M. Louis professes, in his work, to have founded his conclusion as to the glands of Peyer. The reader must not be drawn off by any considerations relating to the experience of M. Louis beyond what is the ostensible foundation of his work. With this alone I was concerned; though it will be ultimately seen that I allowed any latitude of experience that might extend beyond the work itself. I should add, however, that I have objected to the employment of cases which do not appear to have received that attention from M. Louis which was bestowed upon the 133 cases of the typhoid affection, or which are not analyzed according to his requisitions of other writers,—exempting, also, from objection the 83 anatomical inspections in other diseases. It is therefore a primary object with Dr. B. to make it appear that all the cases mentioned in M. Louis's "Advertisement" actually came under his critical observation.

But, to the point. What does M. Louis say of the basis of his conclusion as to the anatomical lesion of Peyer's glands? I will first state it as expressed in the conclusion of a paragraph, which I will render memorable by soon quoting in full. Thus:—"so that I have analyzed *the diseased changes* of the viscera of 133 subjects, and the *symptoms* of nearly 900."

Now as the *anatomical* lesion could only be ascertained by dissection, the reader will see that I not only stated the entire number of cases which were the ostensible basis of the conclusion, but distinguished the *classes* of cases which make up the 133 anatomical inspections. This, as will be seen, was repeated in other places. I did it for the purpose of precision, and that the whole merits of the subject should be distinctly before my reader. But, as will be soon seen, Dr. B. endeavors to instil the belief that the whole 900 cases should be taken into the account as it respects *the anatomical* lesion of the glands of Peyer, and then charges me, directly, with having in my statement suppressed a part of the facts, or, rather, with having misrepresented them.

Let us now go back to the preceding quotations for the purpose of making out my specifications as to the extract from my Essay. The fraud consists in not taking along the words "*because it was present in,*" by which the 50 cases are shown to have been instances in which

the anatomical lesion was found, and in expunging from the very body of the quotation, the important words "*was absent in.*" But, shall charity come to the aid of my critic, and shall he be indulged with the allowance that the quotation was carelessly made? The selected words are all arranged as they stand in my Essay, and are duly marked, whilst the deliberate mutilation of the extract will be fully shown by its artificial relation to the perverted extract from M. Louis.

The reader will therefore see, that only 133 cases can be brought to the anatomical lesion, and that I might thus silence my adversary at once by throwing his mutilated quotation back upon him. But, I have yet a long account to settle with him, and have chosen not only to expose the whole of this affair, but, in so doing, to show to the world with what scrupulous fairness I have treated M. Louis.

After the surreptitious quotation from my work, Dr. B. goes on thus: "After speaking of the state of doubt in which physicians were in reference to fever—some calling it a gastro-enteritis, others a putrid adynamic, ataxic and typhoid fever, Louis continues thus."

Having now arrived at the remaining ground of my specifications, I shall present the quotation as rendered by Dr. B. in his original translation (having then "*translated truly the meaning of the author in every respect*"), and the perverted version, in parallel columns; and then subjoin the original French which Dr. B. suppresses. The original punctuation is observed throughout.

Rejected Translation.

"I collected during this space of time, in addition to some incomplete facts, 138 observations of typhoid fever, 50 of which were relative to individuals who had died of it. I analyzed all, and in order to determine among the numerous lesions found in the patients who died of those that are peculiar to typhus, I compared them with the alterations found as consequences of other acute diseases, in 83 subjects whose histories I learned. I did the same with the symptoms observed in those affected with typhus fever, or with any other acute affection, which terminated in restoration to health or in death, so that I have analyzed the diseased changes of the viscera of 133 subjects, and the symptoms of nearly 900."

"Revised and altered" Translation.

"During this period I obtained, with the exception of some imperfectly recorded facts, 138 observations of the typhoid fever, 50 of which related to individuals that died. I analyzed both, and in order to know, among the numerous lesions found in those who died, those that were peculiar to the typhoid affection, I compared them with the alterations observed in consequence of other acute diseases, in 83 subjects, whose cases I carefully recorded. I did the same when examining the symptoms in patients affected with the typhoid disease or any other acute affection terminating fatally, or by return of health. So that in fact I have analyzed the alteration in the viscera of 133 subjects who died, and the symptoms of nearly 900."

The suppressed Original.

"J'ai rassemblé, dans cet espace de temps, à part quelques faits incomplets, cent trente-huit observations de fièvre typhoïde, dont cinquante

relatives à des individus qui ont succombé. J'ai analysé les unes et les autres, et afin de connaître, parmi les nombreuses lésions de ceux qui ont péri, celles qui sont propres à l'affection typhoïde, je les ai comparées aux altérations observées à la suite d'autres maladies aiguës, chez quatre-vingt-trois sujets dont j'ai aussi *recueilli* l'histoire. *J'ai fait le même travail pour les symptômes*, chez les malades atteints de fièvre typhoïde ou de toute autre affection aiguë, terminée par le retour à la santé ou par la mort; en sorte, que j'ai analysé les altérations des viscères de cent-trente-trois sujets, et les symptômes de près de neuf cents." —(P. ix.) *The Italics are mine.*

The reader will perceive that the old translation is the true one, whilst the new translation is false, and adapted to the mutilated quotation from my work. Doubtless, Dr. B., by altering the style of the whole, and by suppressing the French, expected to escape his own snare. It is also wrought with so good a device as to require some management to secure effectually the proper game. I shall, therefore, in the first place, point out one of the most important violations of the original, and then show its application. This violation consists in substituting "*I carefully recorded*" for "*I learned*,"—the original being "*j'ai recueilli*." As this will prove to be an important word, it may be well to satisfy all that my critic's old translation is right, by giving the various import of the word from Chambaud's large dictionary. Thus:—"Recueillir. To collect, to pick up, to compile, to gather." It will soon be seen, also, that Dr. B. understands its true meaning, as he had just previously rendered it, in the old translation, "*I collected*."

Now the reader must turn back to the mutilated and the true extract from my work, by which I was pointing out M. Louis's data for his generalization as to the supposed anatomical characteristic of the typhoid fever,—that is to say, "50" and "83" dissections. This statement of mine, therefore, has nothing to do with any other foundation that may constitute the general basis of M. Louis's work. That, as I have said, is stated in its appropriate place. But, Dr. B. takes this extract, mutilates it, and places it at the head of the foregoing mutilated extract from M. Louis, to sustain his accompanying charge that, "Dr. Paine, as usual, gives an unfair impression of his (Louis's) labors, and leads the reader to believe that all the cases of any disease that Louis examined," &c.

The false translation of *j'ai recueilli*, or "*I carefully examined*," is designed for a triple purpose; the first of which is, that it should bear upon the mutilated extract from my work, and the imputation of Dr. B. that I had given by it a false account as to the number of cases employed by M. Louis in arriving at his generalization as to the anatomical lesion of the glands of Peyer; secondly, that I had also given by it "an unfair impression of his (Louis's) labors," in a general sense; and, thirdly, that the whole 900 cases are as much entitled to be regarded as a genuine foundation of the work on typhoid fever, as the 138 cases of that disease which M. Louis did probably *carefully record*, and whose treatment, there can be no doubt from his work, he conducted himself. It is this third bearing at which Dr. B. especially aims. Having conveyed

the false impression, that I had suppressed all allusion to any other than "50 cases of acute disease having certain other analogies, and 85 other cases where those analogies are said to have been more or less wanting," he proceeds to alter the extract from M. Louis to show that the whole 900 cases were of equal value, and thus to enforce the more strongly the injustice he imputes to me. The work on the typhoid fever shows, on every page, the close attention which M. Louis bestowed upon the 138 cases of that disease; whilst we are only told, in the foregoing extract, and no where more specifically, that he "learned" or "collected" the residue of the 900 cases;—from which it is clear that he collected them from the *records of the hospital*. In any event, we are no where given to understand that he "*carefully recorded*" them himself, whilst the intent of the translator will become more glaring by his fabrication of words, and another false translation of *j'ai recueilli*, which will soon be stated. Nevertheless, I made no objection to the 83 dissections in which the lesion of the glands of Peyer was wanting, although we are only told by M. Louis that he "collected" their histories. I make this statement to show the bearing of the new translation, "in 83 subjects, whose histories *I carefully recorded*." This refers directly back to the 138 cases of typhoid fever which were the peculiar subjects of M. Louis's attention (according to the work), and, by the new words, it is implied that the 83 cases were not less the subjects of his care. The sentence then runs into the next following, so as to make it appear that M. Louis as *carefully* observed the symptoms of the whole 900 cases. Thus:—"in 83 subjects, whose cases *I carefully recorded*. *I did the same when examining the symptoms* in patients affected with the typhoid disease or any other acute affection terminating fatally, or by return of health." But, that my critic might make this conclusion the more certain, he adds another bait, and actually fabricates the words "*when examining*,"—whereby he makes M. Louis not only to have "*carefully recorded*" all the cases, but to have actually "*examined the symptoms*" of the 900 cases. Nor is this the worst of it; for, by interpolating the words "*when examining*," Dr. B. perfects the design at which he was aiming, namely, that of making out a fact, that M. Louis not only "*carefully recorded*" all the cases, but that he made the record "*when examining the symptoms*" of the 900 cases. Thus:—"in 83 subjects, whose cases *I carefully recorded*. *I did the same when examining the symptoms*," &c. The reader, by reverting to the extract, will see, also, that the words "*when examining*," in their relation to the preceding sentence, are even of more comprehensive import; as they represent M. Louis actually *analyzing, comparing, &c.*, "*when examining*" the symptoms of the 900 cases.

The reader will now see the connection of the whole, by referring to the old and new translations, and the mutilated extract from my work. I may say, however, that having thus *fixed* the whole matter, the Doctor proceeds to apply it after the following manner; viz. "One would think that the *accurate examination* of about 1000 cases, and the autopsies of about 1–10 of them, would have enabled any accurate observer to decide whether a lesion was *unimportant* or not." The word "*un-*

important " is in Italics, and refers to my use of it in relation to the anatomical lesion of Peyer's glands, in the paragraph from which the mutilated extract is taken. The reader will now see, therefore, the impression which is intended to be conveyed, that, in stating the number of 133 cases as the basis of induction as to the *anatomical* lesion of Peyer's glands, I had suppressed a part of my author's data. But, a greater offence consists in representing that extract, mutilated or un-mutilated, as announcing the foundation of the whole of my author's work, and in then proceeding to confirm that imputation by a false translation of a long paragraph which had no relation to my specific subject.

The reader will not be surprised to learn that I have not yet presented the whole of the fraudulent extract. The foregoing is the last part of it, and the following is the first part.

Rejected Translation.

"In order to be able to make up my opinion upon a question concerning which one could decide very little by means of simple discussion, *I collected* between the years 1822 and 1827, the histories of all the patients suffering from acute diseases, which were admitted into the hospital of La Charité, in the wards of St. John and St. Joseph, at that time under the superintendence of M. Chomel."

"Revised and altered" Translation.

"In order to make up my mind upon a question which simple discussion would not tend to elucidate, *I examined and recorded*, between the years of 1822 and 1827, the histories of *all the patients* affected with acute disease, that were admitted to the hospital of La Charité *in the apartments under the supervision* of Mons. Chomel."

The suppressed Original.

"Afin de savoir à quoi n'en tenir sur une question que ne pouvaient pas beaucoup éclairer de simples discussions, j'ai *recueilli*, de 1822 à 1827, l'histoire de tous les sujets atteints de maladies aiguës admis à l'hôpital de la Charité, dans les salles Saint-Jean et Saint-Joseph, alors confiées à M. Chomel."

The reader will perceive that the old translation is the true one, whilst the new is false; the words "*I examined and recorded*" being substituted for "*I collected*." This was designed, also, to make it appear that the 900 cases should be considered as having been "examined and recorded" by M. Louis, just as the 138 cases of typhoid fever had been, and that the whole, therefore, should be allowed to form equally the basis of his work. To carry this effect more fully, my critic has placed the words "*all the patients*" in Italics in the new translation,—the same being in the Roman letter both in the old translation and in the original work. The other Italics are mine. By this process, also, he strengthens the charge as to my having falsely represented my author as to the foundation of the anatomical doctrine, specifically, and in a general sense as to the common basis of the work.

It is also worthy of remark, that the translation of the words *j'ai recueilli* "I examined and recorded" in one instance, and "I carefully recorded" in the other, and the connections in which they stand, show

forcibly the *quo animo* of the writer; whilst, if any charity could be extended to the translation of *j'ai recueilli* "*I carefully recorded*," it is dissipated by the translation of the same words "*I examined and recorded*," and the farther fabrication of the words "*when examining*." But, the only meaning which *j'ai recueilli* can possibly bear is that as artlessly rendered by Dr. B. in his original version; and that such is truly his opinion is shown by its translation, in one instance, "*I collected*," and in the other, "*I learned*,"—both occurring in one paragraph, and relating to the same subject.

This affair being destined to occupy a conspicuous place amongst literary curiosities, I will indicate one aspect more in which my critic has *fixed* the matter for my discomfiture and for the benefit of "copyright." This will appear by taking together the whole paragraph which immediately follows the quotation which I have been employed in *unfixing*. The reader will then have the whole before him, from the beginning of the mutilated extract from my work, to the end of the subject in its direct aspect. The following words which I have placed in Italics are intended by Dr. B. to confirm M. Louis's extreme and equal accuracy of observation in respect to the 900 cases, and to carry more conclusively the imputed offence of suppression or misrepresentation. Thus:—"One would think that these facts were sufficient to enable one to come to some definite (we will not use 'conclusive,' as it offends our commentator so much) results. 'In my analysis,' *continues Louis, 'I have wholly left out any facts which were not sufficiently exact*—and when I have deduced any consequences, I have always kept before me this idea by the author of *Emile*, I know that truth resides in things, &c.' In a note to this paragraph Louis informs us that he threw aside as incomplete all the 'observations' made during his first eight months of *devotion* to these studies. One would think that the *accurate examination* of about 1000 cases ['nearly 900'], and the autopsies of 1–10 of them, would have enabled any accurate observer to decide whether a lesion was *unimportant* or not.

"*So much* for Louis's *data* and accuracy of observation of nature."

Here the strong intent of Dr. B. to misrepresent me, and to make it appear that M. Louis bestowed as much personal care upon the whole 900 cases, and intended the whole to form equally the basis of his work, as the 133 cases of the typhoid affection, is again forcibly shown. And, to make the deception more effective, my critic introduces into the last quotation an extract from M. Louis, in which he (M. Louis) says "*in my analysis I have wholly left out any facts which were not sufficiently exact*,"—Dr. B. meaning to imply by this citation, in its connection with the whole paragraph and the preceding, that M. Louis *equally* employed in his "analysis" the entire 900 cases. And, to make this still more forcible, he refers to a note by M. Louis in which he (M. Louis) threw aside certain other cases. Now in this note, M. Louis adverts specifically to the 900 cases, and (without invalidating those), he does not limit the rejected ones, as Dr. B. implies, to "his first eight months," but leaves it indefinite. Thus:—"Among those which

I did not consider sufficiently accurate, were all those which I collected during the first eight months of the six years," &c.

But the foregoing intent is rendered more conspicuous by the artificial and emphatic translation of the words—"In my analysis I have *wholly left out* any facts which *were not* sufficiently exact."

Now, what was my critic's first translation?

"In these analyses I have *not made use* of any records of disease which *did not appear* to me to be sufficiently exact."

And, what the French?—"J'ai retranché des matériaux de mes analyses les faits qui m'ont paru manquer d'un certain degré d'exactétude."

There are some minor circumstances attending the management of the foregoing new translation which go to show its extensive bearing, and the ingenuity with which it is executed. The reader will doubtless observe them; but I will detain him by indicating one which has a bearing upon a subject already examined. It relates to the question (so unimportant in principle) whether M. Louis had the actual treatment of the typhoid patients. It should be premised that I have observed the punctuation as it occurs in all the extracts which relate to the subject under investigation; and here, by the way, it will be seen that the new punctuation itself is sometimes designed to coöperate with the altered version.

Now, where it is announced by M. Louis, that Chomel had the supervision of the hospital, Dr. B. translates the French in the manner already stated, but which I shall here repeat for the convenience of the reader.

Old Translation.

"I collected between the years 1822 and 1827, the histories of all the patients suffering from acute diseases, which were admitted into the hospital of La Charité, in the wards of St. John and St. Joseph, at that time under the superintendence of M. Chomel."

New Translation.

"I examined and recorded, between the years of 1822 and 1827, the histories of *all the patients* affected with acute disease, that were admitted to the hospital of La Charité *in the apartments under the supervision* of Mons. Chomel."

All the Italics are mine, except "*all the patients*," which my critic introduced for his own use, as already shown. The reader will see that the words "*St. John and St. Joseph*" are expunged from the new translation, as these are of specific import, and show that those two wards were probably appropriated, more especially than others, to M. Louis. In the original, and in the discarded translation, "the superintendence" evidently refers to the hospital at large, whilst a distinction is implied as to two of the wards. In the "revised and altered" translation, however, that distinction is obliterated.

"Thus, tho' from truth I haply err,
And sacrifice my character,
What man of taste my right will doubt,
To put things in, or leave them out?
'Tis more than right, it is a duty
If we consider landscape beauty.
He ne'er will as an artist shine,
Who copies nature line by line;

Whoe'er from nature takes a view
 Must copy and improve it too :
 Thus I (which few, I think, can boast)
 Have made a landscape of a Post."—"Dr. Panglos."

Having already trespassed too far upon this week's Journal, I shall defer my remaining examination of this involved subject. At the close of my fourth number, will be also found some remarks having an important relation to it.

MALFORMATION OF THE ANUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following case, which, if you think of interest sufficient, you are at liberty to publish in your valuable Journal.

On the 30th of October, 1838, Elizur Graves, of Solon, in this county, consulted me respecting a child of his, æt. three months, for a malformation of the anus, which was congenital. It was not discovered until some days after birth, when, after repeated exhibition of cathartic medicines, no evacuation taking place, the nurse, on attempting to exhibit an enema, found no opening. A practitioner was consulted, who gave an unfavorable prognosis as to any remedy, and the child was considered as among the incurable. But as it continued to live, and even to thrive, at the end of three months the parents brought it to me. On examination, there was no opening into the rectum, but a little posterior to the natural situation of the anus a slight projection of the skin was observed, which, on examination, gave an obscure feel of fluctuation. The skin was also slightly inflamed. I advised an opening into this point, which the parents readily assented to, and it was accordingly made, and about a tablespoonful of pus discharged, but no fæces as was expected. I next examined the opening with a probe, but could find no communication with the bowel. I next passed a sharp-pointed narrow bistoury, with the edge towards the sacrum, in the direction of the rectum, the distance of three inches. It was withdrawn, and the point found smeared with fæces. Considerable hæmorrhage followed. I next introduced an elastic gum catheter, of small size, using different sizes until the largest ones could be passed without difficulty. Some warm water was now injected through the tube, which brought away a quantity of liquid fæces. I directed that the tube should be passed twice a-day, and an injection thrown in each time, and in the intervals a wax bougie of large size worn constantly. The next day after the operation, a pint of fæces escaped at one time, and the same amount continued to escape daily for a week. Before the operation the child had fits of crying and straining; the abdomen was also much enlarged and very hard. These ceased at the end of a week. The child was also troubled with vomitings before the operation, which now no longer were present. The bougie was persevered in for four weeks, at the end of which it was discontinued, and the child improved very fast in flesh; the evacuations from the bowels became natural, and it has continued well ever since.

The control over the bowels is as perfect and natural as in any healthy child.

There are some features in this case which make it more than ordinarily interesting. In the first place, the length of time which elapsed before the operation, and the question how long this state might have continued without serious consequences to the life of the child; and second, whether nature would have finally effected a cure by suppuration or ulceration. These are questions which may with propriety be asked. As to the length of time which elapsed, the child was nearly as large as ordinary children of that age, and was not afflicted with vomiting or crying more than many are who are considered healthy. The process of nutrition and chylification went on regularly, and the *feces* were formed as in health. The large intestines must have become much dilated to have contained the quantity which had accumulated in them.

Whether nature would have accomplished an opening for the contents of the rectum, is not so easily answered. I am convinced that the small cavity containing pus did not open into the rectum, and also that the termination of the bowel was much higher than that of the abscess. Yet it is possible that the ulcerative process might have finally done what was accomplished by art.

A. B. SHIPMAN, M.D.

Cortlandville, N. Y., Oct., 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 4, 1840.

IRREGULAR PRACTICE.

THE question is occasionally asked, why it is that the increasing new school of practitioners, the homœopathists, are not recognized or stigmatized as medical adventurers, and ejected from those associations which watch over the fair fame of the profession. The steamers, natural bone-setters, cancer-curers, and specific prescribers, are proscribed without a dissenting voice—but the disciples of Hahnemann have no interruptions thrown in their way, notwithstanding their wide departure from the character and customs of the great mass of regular physicians throughout the civilized world. It is very certain that no concerted disposition has anywhere been manifested to eject homœopathists from their connection with chartered institutions, the constitution and by-laws of which positively declare that irregular practitioners shall not be countenanced by them. A large proportion, if not all, in this country, who are converts to the new system, are members of these societies. The question then arises—are they scientific, or are they not? Who shall decide?

The experience of ages very clearly proves that it is utterly impossible to force men to prescribe remedies according to a dictatorial injunction: in a word, the most vigilant guardians of medical honor never have been able to keep down the spirit of free inquiry and experiment, nor prevent the announcement of new doctrines and novel schemes for managing the diseases to which man is incident. It would be the height of absurdity,

therefore, on the part of any chartered medical society, to meddle with this increasing, and, with the great public, popular sect of medical advisers. We are amazed, on reflection, that any one should have suggested that the dignity of the pure school requires that these infinitesimal gentlemen should be thrust out of the Æsculapian temple. With all the advantages arising from a systematic medical education, they simply aver that new light is discovered. Instead of giving common doses to patients, they simply deal out small ones, or none at all. This is really the sum of their criminal derelictions. Nothing would so effectually and immediately bring them into universal repute, as the anathema of a medical society. Individuals may say what they please, and hold the whole fraternity up to derision; but whenever, among us, a society, in its corporate capacity, attempts coercion—farewell to its character, and its charter too. Indiscreet, hot-tempered men, are not scarce, who would involve a whole community in turmoil, could they but rise to distinction on the downfall of an envied rival. Most of the difficulties that have produced discord among the members of medical associations, and made them odious in the estimation of the people, have had their origin in the meddlesome propensities of some two or three restless spirits. The world is large enough to accommodate all its inhabitants. If an invalid prefers to take a pill containing the thousandth part of a grain of silex, instead of an ounce of the tincture of rhubarb, what is the objection? The law will never force him to do otherwise than he chooses in the matter, however much his choice may annoy those who feel themselves scandalized by such preference.

For ourselves, we acknowledge the deep mortification we have felt in contemplating the narrow views and illiberal policy of some who imagine themselves wise. The interests of science are not to be maintained by legal enactments, nor the respectability of the medical profession injured by the progress of inquiry after legitimate truth.

Medical Lectures in Boston.—This morning the annual course of lectures commences at the Mason-street College. We know not how many students have yet been matriculated. That the facilities for acquiring, here, a finished medical education are unsurpassed, no person at all conversant with Boston, would presume to question. Besides the ordinary daily series of lectures in the school, there are private opportunities for studying practical anatomy under the supervision of gentlemen who particularly devote themselves to the instruction of pupils. In addition to these advantages, the hospitals, dispensaries, private and public libraries, each and all of them, are, in the estimation of those fully competent to judge, objects of unflinching interest and profit to a student of medicine.

Vermont Asylum for the Insane.—Dr. Rockwell's fourth annual report to the Legislature is characterized, as in past years, by a clear and judicious review of the success of the institution over which he presides. At the close of last year, there were 60 patients; and since, 73 new ones, up to October, were admitted: total enjoying the benefits of the asylum during the year, 143. During the year, 61 were discharged; at the date of the communication, Oct. 1st, 81 were under his care. All the improvements so judiciously and unhesitatingly introduced within the com-

pass of a few years at Worcester, the McLean Asylum, &c., such as pleasant amusements, religious exercises at regular periods, &c., have been wisely copied by Dr. Rockwell, who is evidently heartily engaged in the philanthropic duties of the place. The salary is too small—'tis miserable. The superintendent should at least have enough to encourage him with a hope of having something to retire upon in the winter of life. This custom of starving medical officers is becoming unpopular. Pay them liberally, and thus secure their undivided services.

Anatomist's Vade-mecum.—A system of human anatomy has appeared in England, by W. J. E. Wilson, a lecturer at the Middlesex Hospital, that would be much prized here, were it re-published. It costs abroad 12s. 6d., but might be afforded much cheaper in an American dress. Some of the illustrations surpass in beauty and distinctness of execution the plates found in works of far higher pretensions. All the cheap anatomical manuals ostensibly designed for students, with us, are miserably defective in the plates, which are anything but sure guides in the dissecting room. Paxton is free from the sin of anatomical caricatures; but it is a high-priced book—too dear for the use which is sometimes necessarily made of it. Some one who is qualified would find his account in constructing a neat, accurate, low-priced dissecting chart, with just such engravings as fill the eye so favorably in Mr. Wilson's Vade-mecum.

Encouragement to Men of Science.—A committee, consisting of Prof. T. Thomson, Dr. Prout, Prof. Owen, Prof. T. Graham, and Dr. R. D. Thomson, have been appointed in London, with a grant of £200, to make a series of experiments on the *chemistry and physiology of digestion*—and to "*bring over from America Alexis St. Martin*," upon whom Dr. Beaumont performed his experiments. St. Martin, it will be recollected, was dreadfully wounded at the battle of Plattsburg, during the last war, by having the arch of several ribs and a portion of the fundus of the stomach carried away by a cannon ball. When exhibited in Boston, several years ago, he appeared in excellent health, notwithstanding the aperture into the stomach was frightfully large, so that whatever was swallowed might be seen to drop from the cardiac orifice. Not happening to know where he is now residing, if any correspondents of the Journal are acquainted with his place of residence, it would be gratifying intelligence to be informed, and it might, perhaps, facilitate the operations of the learned transatlantic commission.

Medical Lectures in London.—The Lancet for Sept. 26th contains the prospectuses of the various schools and hospitals for the present lecture season. Collectively they constitute a formidable document, which is worth perusal. It is very certain that the sums paid by students must be immense—and there must be a multitude of them, too, to warrant the extensive preparations announced for their accommodation. Were it not for the constant demand for surgeons by the British government in the army and navy, at recruiting posts, and marine bettering houses; on board of mail packets, steamboats, and at all military stations and on all expeditions in the vast colonial possessions, the numbers educated to medicine and surgery in the United Kingdom, could not possibly have employment.

Vermont Academy of Medicine.—A circular is abroad from this institution, dated *March, 1841*!—quite in advance. A new faculty has been appointed—or rather new additions have been made to the board—and the prospect of a revivification of the school is encouraging. Prof. Gowdy's death, which took place last year, was a severe loss. Dr. Bryan is placed in the chair of surgery and medical jurisprudence; and Dr. C. L. Mitchell, of New York, is engaged in the new department of pathology. This gentleman is favorably known as the author of a synopsis of auscultation and percussion;—he was a pupil of M. Louis. Six physicians constitute the board of examiners. The lectures will commence on the second Thursday of March next, at Castleton. A winter course of anatomy and physiology, by Dr. Nelson, will begin the first Wednesday of January. He is an accurate teacher, and stands well with those who are judges of what a man should know who professes to instruct others.

Tumors among the Chinese. By G. T. LAY, ESQ.—Tumors of every sort, situation and size, abound in the southern parts of China. They are sometimes encysted, or steatomatous, but more frequently sarcomatous, and are for a long time of so healthy a structure, that they seem to be natural appendages to the body. At the end of a space of time that varies in length, the textures give way, unhealthy matters are deposited, and the general health begins to suffer. The natives live upon a vegetable diet, which is well sodden in the dressing, and therefore swallow a great deal of warm water with their food. They use but little salt, as it is an expensive article in China, owing to the government monopoly. To a watery diet and great parsimony in the use of salt, I impute the prevalence of tumors; though this remark must be regarded only as conjectural. There is, however, an *experimentum crucis*, which may be tried to ascertain the truth of this conjecture; for it appears that the wealthy who can afford to season the vegetables, and eat more freely of animal diet, are not subject to these tumors. The walls of the hall in the Canton hospital are decorated with pictures representing individuals with tumors before incision, and again without tumors after they had recovered their health. They were painted by Lamqua, who says, as the doctor receives nothing for "cutting," he can take no pay for painting.—*Lancet*.

Mr. French's Mode of Operating for Strabismus. By D. O. EDWARDS.—The following is the abridged fashion in which I went through the process in four cases:—The patient was seated on a chair in a moderate light, and the assistant standing behind placed one hand over the sound eye, and with the other hand raised the upper lid of the affected organ. Upon the patient's turning the eye outwards, I snipped the conjunctiva over the under edge of the internal rectus, and introduced a curved probe under the muscle. By depressing the handle of the probe the point was brought forward, and projected a little above the upper edge of the muscle; a second snip with the scissors enabled the point to emerge; and, finally, the muscle was divided by the scissors upon the probe.

The operation thus simplified consists of but three steps:—

1. The nipping of the conjunctiva.
2. The introduction of the probe under the muscle.
3. The division of the muscle upon the probe.

From a perusal of this description, it is evident that various prelimi-

nary and subordinate arrangements, which have hitherto been considered essential to the operation, are perfectly useless; no bandaging of the sound eye; no speculum for the upper palpebra, and no tenter-hook of any form is employed.

The probe which I have alluded to consists of two stems placed parallel, at a distance sufficient for the point of the scissors to pass between.—*Ibid.*

Noli Me Tangere cured by Chloride of Zinc.—John Townley, admitted to the Cheltenham General Hospital December 16, 1839; ulceration affecting the left nostril and septum. Chloride of zinc one part, sulphate of lime two parts; mix. This was applied twice, a poultice being used to assist the separation of the sloughs. He also had the following medicine:—Blue pill, compound extract of colocynth, each 3ss.; croton oil, two drops. Make into twelve pills, and let two be taken every night.

After the sloughs had separated, the parts completely healed; a considerable thickening and redness remained about the upper lip and nostrils; he was otherwise completely well; discharged. He was recommended a lotion, with prussic acid and liq. plumbi, and to keep his bowels regular with some aperient medicine; he continues well at this time, June 30.

A case of long-standing phagedenic ulcer on the arm, which had resisted every means of cure that had been tried, completely healed after two applications of the chloride of zinc and gypsum, applied as in the first-mentioned case.—*Ibid.*

Curious Case of Pin Swallowing. By H. BIRT, Esq., Surgeon, Sussex. —A girl of weak intellect, æt. 23, came under the author's care in July, 1839. Before this time a surgeon had extracted 27 pins from the left mamma, and in the course of four months Mr. Birt extracted 251 pins and needles (making in all 251) from almost every part of the left side of the body. The girl had been in the habit of swallowing pins and needles out of bravado or from the bribe of sweetmeats when at school almost 13 years before.—*London Medical Gazette.*

Number of deaths in Boston for the week ending Oct. 31, 27.—Males, 12—females, 15. Stillborn, 1.

Of consumption, 6—dropsy on the brain, 3—hooping cough, 2—dysentery, 2—apoplexy, 1—debility, 2—infantile, 1—sudden, 1—burn, 1—typhous fever, 2—dropsy in the head, 1—canker rash, 1—fits, 1—casualty, 1—croup, 1.

A PHYSICIAN,

LOCATED in a large town in the eastern part of Massachusetts, and having a practice worth more than \$1000 a year, offers his situation for sale; possession given the ensuing spring. None need apply who have not the best recommendations. Address the Editor—it by letter, post-paid. Nov. 4—eopt

TO PHYSICIANS.

ANY physician having a fair share of practice, and wishing to dispose of his stock and stand, may hear of a purchaser by addressing a letter, post paid, stating terms, &c., to the editor of this Journal. N. 4.—11*

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately. A. 26.—3m

LECTURES ON HERNIA AND MECHANICAL SURGERY.

On Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the correction of distortions.

The relief of the various curvatures of the spine, deformities of the limbs, and club-foot, will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical*, as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket *five dollars*.

Philadelphia, Sept., 1840.

O. 14—Im

HEBER CHASE, M.D.,

Ninth street, below Walnut.

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	- - - - -	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	Prof. HAYWARD.
Chemistry, by	- - - - -	Prof. WENSTER.
Theory and Practice of Physic, by	- - - - -	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

WALTER CHANNING, Dean.

Boston, July 6, 1840.

Jy 15—1N1

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	- - -	DR. PERRY.
Midwifery, Materia Medica and Demonstrations on }	- - -	DR. BOWDITCH.
Morbid Anatomy at the Hospitals, by }	- - -	DR. WILEY.
Anatomy, Surgery and Medical Jurisprudence, by	- - -	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 312 Washington st.,

DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—copyt.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - -	ROBERT HARE, M.D.
Surgery,	- - - - -	WILLIAM GIBSON, M.D.
Anatomy,	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	- - - - -	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

W. E. HORNER,

Jy 22—copyt15

Dean of the Medical Faculty.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII. WEDNESDAY, NOVEMBER 11, 1840.

No. 14.

DR. PAINE'S REPLY TO H. I. B.—No. III.

THE most important objects of Dr. B., as investigated in my last number (imputing misrepresentation to me, and placing the 900 cases on an equality), pervade his attack. Both are fundamental points, and are urged to show a general defect in my conclusions from their neglect of a primary element of my author's work. The reader is also thus diverted from the main object of my Essay, which is to show the pathological and therapeutical doctrines of my author, the amount and nature of the anatomical investigations, and how far these investigations were made the foundation of important pathological inductions. With these last I was especially concerned, and it was my object to prove that these were mainly founded upon the anatomical results of 133 dissections, of which 50 were cases of the typhoid affection. There were, however, certain cutaneous phenomena, meteorism, and all that related to fixing the typhoid disease at its incipient stage upon Peyer's glands, which involved the 88 cases of the disease that terminated in health. And, as those phenomena gave rise, respectively, to important generalizations, it was all carefully stated in my Essay. To appropriate these last generalizations to the typhoid affection, it was necessary to compare the cases with the vital phenomena of other diseases; and the residue of the 900 cases forms the ground of that comparison. This is the *full extent* of the importance they can possess under any circumstances; nor have the therapeutical conclusions the most remote relation to them.

But, Dr. B.'s perversion even exhibits me as having perpetrated the absurdity of supposing that M. Louis, whom I represent as having passed much of his life in hospitals and the dead-house, did not possess the means of comparing his 138 cases of typhoid fever with other diseases, and that I had not specifically admitted the fact. Nevertheless, I objected to the assumption of a greater number than the 138 and 83 cases, partly upon the ground of M. Louis's violent rejection of cases by others which are not accompanied by more substantial proof than his own, but mostly because I have shown that his pathological inductions, with the foregoing exceptions, are founded upon "the debris of the body." I have expressed no doubt of the vast extent of M. Louis's observation, especially at that time, in hospital practice. It would have been absurd to have questioned a fact so notorious. And though the great experience of my author required no admission to that effect from me, I regarded the results of that experience as exhibited in

his works. I attempted to show, therefore, that he was not an observer of nature, but of the ruins of nature, and that his pathological doctrines are founded mainly upon the latter. I did not think this the *sort of nature* which, alone, makes a good book of "laws" and generalizations in pathology. I fully admitted my author's detail of vital phenomena, but I also endeavored to show that they were not rendered practical elements in his pathological data. A primary object of this, was to supply a practical demonstration of the validity of what I have said in my Essay on the "Comparative Merits of the Hippocratic and Anatomical Schools" as to the errors of the *exclusively* anatomical. I was concerned about his *book*, its doctrines and their ostensible ground; and my objection to any of his cases was not predicated of any real distrust that he had put forth what was not in itself substantial, but of his own requisitions and habits in relation to others. This I stated, that it might pass for what it was worth.

It being, then, my duty to give a fair representation of my author's work as it is, I laid out my ground, plainly, fairly, and fully; and, in so doing, I allowed the whole extent of any experience which it might be supposed that M. Louis had employed; though fidelity to my task compelled me to place the true basis of my author's generalizations in pathology and therapeutics in its proper light. At the opening of my Essay, I state that, "our author has occupied the proud elevation of presiding over the modern anatomical school; and it becomes, therefore, a matter of deep interest to inquire, through his remarkable labors, into the *practical* results of morbid anatomy, and how far it may have advanced, or retarded, the progress of medicine. The present Essay, therefore, may be considered *so far* a continuation of the last,"—or the Essay on the Hippocratic and Anatomical Schools. It became me to show that his generalizations in pathology were founded upon the debris of 133 subjects, the greatest amount that is stated by my author. This I have done, and most extensively, in his own words. And, although an analysis of only 54 cadavers is given, I allowed the whole that was claimed, and even all the subjects (83) that recovered of typhus fever, but whose cases, also, are not analyzed according to M. Louis's principles. Doubtless they had been; "but he should have given us the proof." This is his doctrine with past observers. To all the foregoing, however, I made no objection, as they entered, unlike the residue, into my author's most important conclusions,—especially the 83 dissections in divers maladies. But, did I not do more than this,—aye, even more than allow the 900 cases, with the qualifications I have mentioned? Did I not finally release M. Louis from the restraint to which he was subjected by a fundamental rule of the "numerical method," and to the observance of which he had laid himself under a deep obligation?

But, I must speak by the book; for doubtless my critic would otherwise deny that there is a word upon the subject beyond what he has presented in the mutilated extract; whilst, also, in so doing I shall protect his veracity. I will take for an example a statement which appears at the very opening of the Essay. After saying "it would be *unimportant* whether our author was the *acting* attendant, since he makes the

cases entirely his own, erects generalizations upon them, and defends the whole treatment," I go on immediately thus:—

"And here it is important to bear in mind, that all our author's conclusions as to this affection were founded upon '138 observations of typhus fever, 50 of which were relative to individuals who died of it;' and, that he 'compared' this exact number of 50 cases 'with the alterations found as consequences of other acute diseases, in 83 subjects whose histories I learned.' Upon these cases, and *the lesions observed in other diseases*, our author founds those conclusions which will appear in the sequel."—(P. 685.)

Here, then, by the words "*lesions observed in other diseases*," as well as by the statement of 138 cases, Dr. B. is farther rebuked, and truth avenged. And then I went on thus:—"In the mean time, let us observe, also, in relation to the Typhoid Affection, that it is stated by our author, that—

"'In these analyses I have not made use of any records of disease which did not appear to me to be sufficiently exact, and whenever I have made deductions from those which were exact, I always kept in mind the thought of the author of *Emile*. 'I know that truth lies in the facts, and not in the mind that judges of them, and that the less I introduce what is merely my own into the deductions I make from them, the more certain I shall be of approaching the truth.''"

Thus, my reader had before him my author's premises and intentions; and, what I believe is not often practised, I sought for them in the "Advertisement," where alone they are announced. I have also given him, everywhere, the advantage of stating, in his own language, his various objects, all his "rigorous conclusions," "laws," &c., and all their contradictions; and it is this fairness, beyond doubt, which has most annoyed my critic. Next to that is the proof which goes to show the foundation of my author's pathological generalizations upon morbid anatomy. This was the fundamental purpose of my Essay, and without it, it could have had no existence. And next to that, Dr. B. is discontented with my demonstration, that all my author's particularities about symptoms, and all his cases beyond those of mere morbid anatomy, do not enter into his important generalizations in pathology. They are a mere show of words, and it was a special object with me to prove them such. My readers will find the proof by turning to the Essay itself.

But, let us have an example of my manner of objecting to a greater proportion of the 900 cases. After stating for the second time, the premises which relate specifically to the typhoid affection, I went on thus:—"Although the inductions are avowedly founded upon the foregoing number of cases, we are disposed to allow *any latitude of observation* which it may be supposed our author can have made. Nevertheless, it would be more correct to apply to our author the rule by which he restricts all others, and of which the following is one of the numerous instances of its derogatory insinuations:—

"'Corvisart does not state *how he proves* the truth of the assertion which he *tries to explain*. The reader may seek for the proof in his work, but where will the proof be found? It may be answered to this,

that Corvisart had not observed those cases merely, *the histories of which he has published*, but that *his assertions* rest upon a *much larger number*. But, even in this case, Corvisart should have counted, and if he had done so, he would have stated the fact, since the question was simply one of number.'"—(P. 693.)

Here, too, it is evident, that the statement of the number alone would have only protected Corvisart against an impeachment of his veracity ; since my author would have rejected, as is implied by the extract, and according to his well-known rule, so little observed in his treatise on Bloodletting as well as on the Typhoid Fever, all the cases that did not bear the "*proof*" of a critical analysis. In this respect he is imitated by our translator, who says he is "unwilling to take the assertion of any man"—(P. 75.) This remark terminates the paragraph in which it is said that "Dr. Paine kindly consents to take Dr. Hale's assertion for the truth of the results of 197 cases,"—my true remark being intended to discourage this want of professional confidence. I was speaking, in a note, of Dr. Hale's objections to Perry's 4000 cases of typhus fever, in which he made 300 anatomical inspections. Now what does Dr. Hale do in this instance? Certainly, what I have not done in relation to M. Louis, as has been just seen by an extract from my Essay. Perry does all that Dr. Bowditch would require of M. Louis. That is, he states the number of his cases, 4000, and the dissections, 300, and gives us the result. These, too, were cases of typhus fever, whilst those which M. Louis announces in a round number were made up of various diseases.

Nor can I permit my objector to represent me as trifling with Dr. Hale. I must, therefore, bring the misrepresented statement before the reader. These are my words:—"It is objected (by Dr. Hale) that the '*particulars* of Perry's 4000 cases, and 300 inspections, are not given so as to enable us to judge how far he might be influenced in his observations by theoretical views, or with what degree of care and thoroughness his observations were made.' We would not have objected to this from M. Louis, but, whilst Dr. Hale gives us an analysis of only four of his 197 cases, we confide most implicitly in his general statement as to the remaining 193."—(P. 690.) Now Dr. Hale is justly esteemed an ornament of the medical profession. He inclines to the numerical school, so far as figures and analytical proof are concerned. He rejects Perry's 4000 cases and 300 dissections, because "*the particulars are not given*," &c. We might well, therefore, take his authority as to whether a greater part of M. Louis's 900 cases are entitled, upon the principles of the school, to any greater consideration,—and this more especially as M. Louis had in contemplation a multitude of "*theoretical views*."

And, what says Dr. Bowditch, who is "unwilling to take the assertion of any man"? "The numeralists," he says, "*must have an analysis of facts recorded as they actually occurred, and at the time of their occurrence, or they will not be satisfied*."—(P. 76. *My Italics*.) This lets us into one of the motives for the new translation of the long paragraph, which was examined in my second number ; and, doubtless,

my reader has anticipated me in another, which I shall, however, now indicate. The surreptitious translation is a clear proof that Dr. Bowditch does not consider any of the cases beyond the 138 of the typhoid affection entitled to the consideration which he professes should be ascribed to them; otherwise he would have never fabricated so many words that are expressly intended to give the residue an equal importance, according to the new method. The fabrications, therefore, which are introduced into the new translation of the fundamental statement, completely divest all but a few of the 900 cases of any authority; according, also, to my translator's object and avowed doctrine. And that Dr. B. truly believes with me that the pathological and therapeutical inductions of M. Louis are founded upon the 138 cases of typhoid fever, appears from a declaration which he subsequently makes, and by which he restricts the whole anatomical premises to the 50 fatal cases of that disease. Thus:—"But, at present, we must conclude, both from Chomel's and Louis's researches (82 fatal cases collected during a space of 12 years by two eminent men), that the anatomical characteristics of typhus in Paris are as have been described."—(P. 90.) *Fifty* of these 82 cases go to form the substantial part of M. Louis's pathological inductions as to the typhoid affection.

I am now prepared to affirm, what I did not in my Essay, that the inductions of M. Louis, pathological and therapeutical, in his work on the Typhoid Affection, are virtually founded on 138 cases of that disease, and upon no other, except in a negative sense which relates to an experience of which we have not a "proof" in conformity with the doctrine of the author.

Having now unravelled a snarl which it was evidently supposed must remain untouched, from the extent of explanation which would be necessary; having made out fully all my specifications, and the ends of justice being substantially answered, truth avenged, and my critic disarmed, it may be thought that generosity should arrest my pen. It falters, indeed, as the illusion escapes; and here should it pause, but that the fabrication, whose analysis I began in my second number, is made the substratum of most of the misrepresentations which compose the details of my critic's article. There is nowhere any attempt to controvert, with the usual honesty of reviewers, my facts and my arguments; but it is one unbroken series of defamatory charges, and ribald derision of my work. My adversary, therefore, lacking so fundamentally, and being destitute of the redeeming, though pretended, virtue of shielding another's fame, it has appeared to me that the whole force of his assault should recoil upon himself.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Allow me to present to your readers the following article from Wm. Clay Wallace, M.D., of New York. Dr. Wallace is well known to the profession from his scientific and minute investigations of the anatomy of the eye, and likewise for his skill in the treatment of the

diseases of that organ. To him we are indebted for an ingenious method of ascertaining the consistence of the *lens* in cases of cataract. It consists in "sounding the lens," by passing into it, through the cornea, a fine sewing needle. The degree of resistance with which the needle meets when coming in contact with the lens, will indicate, to a practised hand, the amount of hardness of that body; and the absence of any resistance, will of course show that the lens is sufficiently soft to allow of the operation by *solution*. In the former case, Dr. W. prefers *extraction* to *depression*; in the latter, without withdrawing the needle above mentioned, he lacerates the capsule so that the aqueous humor has free access to the lens and gradually effects its solution. By this method there is less liability to the occurrence of inflammation of the eyeball; less danger of producing dislocation of the lens, with its consequent results of iritis and closure of the pupil; and apparently an equal certainty and facility of effecting that important point in the operation for soft cataract, viz., the laceration of the capsule. No perceptible opacity of the cornea will generally ensue from the passage of so fine an instrument as the needle referred to. It will, however, be necessary to repeat the operation, in some cases, before the desired result is obtained, but this is an objection which perhaps applies with equal force to the *posterior* operation for cataract.

Yours, with respect,

E. J. DAVENPORT.

NEW THEORY OF VISION.

BY DR. WALLACE, OCUList, NEW YORK.

From the experiments of Morichini, of Rome, and Mrs. Somerville, of London, we learn that violet and green light possess the property of rendering steel magnetic, while no effect is produced by yellow or red. If we consider the former colors positive and the latter negative, and if, as Sir John Herschel supposes, there are a number of minute fibres placed at right angles to the coarser fibres of the retina, as the pile of velvet rises from the coarser texture of the woven silk—an opinion which he expressed not long ago in a letter to me—we may easily conceive that the impressions on the retina may be conveyed through the bundles of the optic nerve to the sensorium, on the principle of the electro-magnetic telegraph.

This theory derives plausibility from the fact, that the spectrum, which remains after looking at a bright object, is always of an opposite color; and from some ingenious experiments made by Mr. Newberry, a scientific teacher of drawing, in this city. When light is admitted through blue glass and received upon a sheet of white paper, the shadow of the object held before the paper is yellow. When it is admitted through yellow glass the shadow is blue; when the glass is red the shadow is green; and when green the shadow is red. The shadows of a landscape have a purple hue during a summer's sunset when the sky is yellow.

The brain itself is an electro-magnetic instrument, consisting of a brown and a white plate convoluted in such a manner that with a great

extent of surface they are packed in a very narrow compass. From the white plate proceed numerous conductors twisted round the base, not at all dissimilar to the arrangement of one of Henry's magnets. See Tiedemann's and Spurzheim's plates.

As motion can be effected by transmitting galvanic currents along the nerves which proceed from the brain, there is reason to believe that sensation is produced by similar currents passing to the brain, and that these currents are always changing with the nature of the impression. If the minute fibres of the retina are made positive by blue light, a positive effect will be immediately made at their termination in the brain. If yellow light be then presented, the fibres being negatively affected will assume a different position and thus alter their terminations. All the other colors may produce similar effects, and may be conveyed by their own peculiar fibre contained in the bundles of which the nerve is composed.

FRACTURE OF THE BONES OF THE LEG.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If in your opinion the following case, with the treatment adopted, possesses sufficient interest for insertion in your valuable Journal, you are at liberty to make such use of it.

On the 3d of June, 1839, I was called to visit A. B., who had fractured the tibia and fibula of the left leg, just below the middle. He was about forty years old, and had for several years indulged in intemperate habits. The fracture of the tibia was about two inches in length, extending from the inner side obliquely downward, towards the fibula. The fracture was compound, and there were two large perforations in the integuments, and the two sides of the bone opposite to the fractured surfaces were *brought in contact*. In this condition, the inner side of one portion of the bone was lapped nearly two inches upon the fibular side of the other portion, necessarily detaching, to a great extent, the surrounding integuments, from the bone.

The *habits* of the patient, the *condition* of the fracture, and the *extent* of the injury, were such, that, at the first view, amputation seemed to be the only alternative; but upon reflection I decided upon an attempt to save the limb, and without very great difficulty the bones were replaced, and the common dressings applied. The patient was comfortable about eight days, when he was attacked with violent *delirium tremens*. Previous to the injury he had for a few days abstained from the use of alcoholic drinks; and from his symptoms, in connection with this fact, I considered his delirium as that form which requires the use of *stimulants* and *narcotics*; and by their free use, sleep and a temporary suspension of the disease were produced. Without the employment of these agents, occasional paroxysms of delirium would occur, and when under their influence, unless constantly watched by a vigilant nurse, he would untie the tapes with which the dressings were confined, remove them, and leave the limb in a loose and unprotected state. From fre-

quent interruptions of this kind, the fractured surfaces remained ununited on the second of July, and the limb was as flexible as at any previous time. Under these circumstances, it became highly important, for the safety of the limb, that some apparatus should be applied over which the patient could have no control: and notwithstanding there was a slight purulent discharge, I considered the *immovable apparatus* better adapted to the case than any other dressing. A roller was applied to the limb from the toes to the knee, and covered with starch. The roller was again applied in the same manner, and saturated with starch. Several strips of pasteboard, which had been previously moistened with starch, were then placed over the bandage. The roller was put on again from the knee to the toes, and from the toes to the knee, being thoroughly covered with starch at each turn. The dressing was completed by the application of two light, wooden splints, for the purpose of giving support to the limb until the bandages should become perfectly dry.

July 12th.* A circular portion of the bandage was cut out for the purpose of removing the purulent matter which had accumulated around the denuded portion of the bone.

July 20th. A part of the bandage was removed, leaving a narrow portion upon the back of the limb, from the knee to the foot; the injured part of the limb was thoroughly cleansed, and the starched apparatus re-applied.

July 27th. The dressings were entirely removed, when the limb was found to possess so much firmness as to require no other support than the roller. The limb is now perfectly sound, and *without any deformity*.

Wethersfield, Ct., Oct. 28, 1840.

ARCHIBALD WELCH.

MR. STAFFORD ON DISEASES OF THE PROSTATE GLAND.

MR. STAFFORD has long been favorably known to his professional brethren for the skill which he has displayed in overcoming, by artificial contrivances, some of the diseases of the urinary organs; and although we may not be inclined to fall into some of his views, or adopt all his plans of treatment, we cannot refuse our tribute of praise to his zealous exertions. In the short essay before us, he has confined his remarks to chronic enlargement of the prostate gland, and particularly of its third lobe, and we shall best serve our purpose by presenting our readers with an account of the *new* mode of management which the author has adopted, and for the most part in his own words. After a description of the usual symptoms, and observing that it is in the early and middle stages of the disease that most benefit is to be derived, he proceeds:

"The methods I have employed for the treatment of an enlargement of the third lobe of the prostate gland are, the application of certain substances upon it; puncturing the part with a particular instrument I have invented, and perforating it with the urethral perforator, according, in all cases, to the extent of its increase of size. If the third lobe has

* From my notes of the case I find there was considerable firmness of the bone on the 12th.

only partially enlarged, I have then employed remedies, such as iodine, the iodide of potassium, belladonna, &c., locally, always in a diluted form, and combined or uncombined with other substances as the urgency of the case might require. If it be so large that it will not yield to the application of these substances, I have in some instances punctured it with advantage, and when its volume has been so great as to block up the neck of the bladder and cause retention of urine, I have then been under the necessity of perforating it.”—(P. 16.)

After remarking that it was the effect of iodine over glandular swellings which led him to think of its employment in enlargement of the prostate, he proceeds :

“I felt it easy to make it to be absorbed through the substance of the prostate gland, by using it in suppositories passed up the rectum, but the difficulty was to apply it on the third lobe without touching any other part of the urethra. I made several attempts to accomplish this ; first, through a tube, then in a groove at the end of a solid instrument, then by the method by which caustic is applied to a stricture, according to Ducamp’s plan, and others ; but none of these answered. I at length thought of a very simple mode of applying it, which is by charging a bougie at its point with the *iodine, iodide of potassium*, or any other substance you may wish, and then dipping it into melted tallow so that a coating may be formed upon it. By such method I have been enabled to introduce any application I might desire up to the prostate gland, without touching the surface of any other part of the urethra. The bougie having reached the desired spot, its point is allowed to rest upon the diseased part, when the tallow gradually melts and brings the iodine or iodide of potassium into contact with it, and by drawing the bougie gently backwards and forwards the necessary friction is produced. I have found it advisable to be very cautious as to the strength of the application, for the prostate gland will not bear a strong preparation either of the iodine or iodide of potassium at first. It is usually in an irritable or inflamed state ; consequently, even the mechanical pressure of the bougie will give pain. The preparations I have used therefore have been very mild. At first I have found it necessary to employ even anodynes, such as belladonna, opium, hyoscyamus, &c., to quiet irritation and pain. When these have subsided, I have begun carefully by introducing the iodide of potassium in the proportion of *one grain to the drachm of unguentum cetacei*, and increasing it as the patient could bear it. I have then gone on with two, three, four, five, and even as far as *ten grains*, or a *scruple* to the drachm, according as the case required it. After this I have added iodine to it ; half a grain, one, two, three, four, or even more grains in the same manner. The surgeon who applies it can alone judge of its effects.”—(P. 19.)

The above extract contains the whole of Mr. Stafford’s observations respecting the use and application of iodine in the earlier stages of enlarged prostate gland. They are followed by a detail of cases illustrating still farther the efficacy of this plan of treatment. These cases are also valuable in proving, what we have long known to be true, that enlargement of the prostate is not a change incidental merely to old age,

but is met with at all periods of life as a consequence of stricture, gonorrhœa, or other affections of the urinary organs. We do not deny, be it understood, that enlargement is not a common sequel of old age; but we mean to affirm that it is, contrary to general supposition, likewise frequent in young subjects. This is a point of very great consequence to be understood, for we have often been able to mitigate symptoms where, from the age of the individual, stricture alone had been suspected, and, from no such impediment having been found or removed, the case had been abandoned as incurable. We would wish it then to be more universally known that disease of the prostate gland prevails at all periods.

In the *second* place, and without any preliminary explanation, the author details two cases wherein he punctured the enlarged lobe. When the gland is "so large that it will not yield to the application of these substances (iodine, &c.), I have in some instances punctured it with advantage." We have no experience of such a proceeding, but Mr. Stafford has performed it several times. When the third lobe forms an obstinate valvular obstruction about the neck of the bladder, repeatedly puncturing its substance would seem to have the effect of dissipating the swelling. When the gland is thus punctured, a mucous fluid generally makes its escape, but no hemorrhage or other unpleasant symptoms follow the operation. "Experience alone can show its ultimate utility; but from mere reasoning, the puncturing of an enlarged and hardened part, with the view of reducing it, appears rational, and facts even, as far as they go, lead us to such a conclusion." Whether this theory is sound or not we will not stay to determine; we shall only observe that the prostate gland, when not in a highly inflamed or irritable state, may be freely dealt with, and that many surgeons err in their treatment of some cases of retention of urine, from not being sufficiently aware of this circumstance.

In the *third* and last place, the author relates three cases where he perforated the middle lobe of the prostate gland. When the swelling is so great that the neck of the bladder is completely blocked up, and no catheter can be passed onwards into the interior, the patient must be relieved at all hazards, else the bladder will slough or urinary coma will succeed. Under these circumstances, the surgeon is reduced to the alternative of either puncturing the distended organ, or carrying an instrument through the seat of obstruction.

We may here remark that, in the whole course of our own experience, we have not met with one single instance where it was necessary to puncture the bladder on account of disease of the prostate; and we do hope, for the credit of British surgery, that operations in such cases are now done away with. We repeat that puncturing the bladder is unnecessary, and therefore unjustifiable, in enlargement merely of the glandular organ. There is not, or cannot be, an instance where the obstruction may not be overcome by milder and far less dangerous measures. When the lateral portions of the prostate are enlarged, the swelling, although great, is never such as to prevent a catheter of sufficient length and flexibility from entering the bladder. It is when along with this the

third lobe is so increased in size as to form a direct mechanical obstruction at the commencement of the urethra, that the case assumes a very formidable aspect. Even here the want of success is chiefly attributable to the want of tact on the part of the operator, and especially to the use of an inflexible instrument which cannot accommodate itself to the state of the passage, and is with the utmost difficulty guided onwards by the finger in the rectum. By the use of a small elastic catheter without a stilette, we have succeeded in relieving retention of urine under the most urgent circumstances. We should say, as a general rule, that the greater the swelling, the less chance there is of passing a stiff, curved instrument. If, after the trial of all ordinary expedients, the bladder still remains unrelieved, then the best and safest plan is unquestionably to perforate the obstruction. Our readers, we presume, are aware that this plan did not originate with Mr. Stafford, but has been known and acted on for several years back. The perforation is easily accomplished, and is never followed by disagreeable effects.—*British and Foreign Medical Review*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1840.

OPERATION FOR STRABISMUS.

By frequent notices, it will be seen that the novel operation of dividing the straight muscles of the eye to restore a parallelism of the organs, is becoming one of the most common and successful of any brought under the care of the surgeon. It is apparently so very simple, we fear that incompetent persons will by-and-by bring it into disrepute. After having once witnessed the process, it seems by no means necessary that the operator should understand even the anatomy of the orbit, it is so purely a mechanical matter—and this constitutes the danger.

If we were disposed particularly to find fault with any of the details of the present mode of operating in these cases, in this part of the world, we should fix upon the *double hook*, and say, what we fully believe to be the fact, that it is an unnecessary instrument, and actually causes about all the pain and inflammation that subsequently ensue. Should it hereafter be deemed indispensable to retain it, however, cannot the points be inserted into the conjunctiva simply, and not be forced into the sclerotica? We have seen the hook applied, withdrawn, and re-applied, two or three times—the punctures bleeding, and thus laying the certain foundation for a diffused inflammation of the side of the globe subjected to such violence. Those dull, heavy pains described as being felt in the back of the eye several days after the division of the muscle, probably have their origin in this cause. Again—it is just as convenient to divide the conjunctiva and muscle, all at once, as to first transfix the eye with a speculum, then insert the hook, nip up the membrane, make an incision through it, and then thrust in a blunt hook to gather up the fibres of the muscle.

In last week's Journal a quotation was given to show that the most ex-

pert surgeons have now reduced the operation to three movements. The less injury there is done to the external apparatus and investing tunics of the eye, the more speedy is the restoration. When the eye does not instantly assume the position proposed by cutting the muscle, it either depends upon the violence unnecessarily inflicted on the tissues, or an imperfect division of all the fibres of the muscle. We invite reports of cases, with all the minutiae, as being of immense importance to the profession and the community.

Artificial Breast.—Dr. Winship, of Roxbury, is the inventor of an ingeniously devised lacteal, to be used instead of the common, or indeed any known kind of nursing bottle. It is a glass bottle, in shape of the human breast, so admirably contrived with a concavity on one side, that the mother can wear it, and have it kept in place by her dress—and at this artificial fountain, the child may be nursed in the usual position. It is hardly worth while to attempt a particular description of all its parts: suffice it to remark, that it recommends itself at sight. Messrs. Lewis, Nos. 27 and 28 South Market street, are the agents. The retail price being only 75 cts. a-piece, no mother requiring artificial assistance should be without one. We recommend the instrument to the examination of physicians, who are frequently called upon in relation to selecting this kind of auxiliaries to lactation.

New Method of curing Diseases.—On Saturday, Oct. 19th, the first meeting for the session, of the Westminster Medical Society, was held—Dr. Choune, the president, in the chair. A principal part of the evening was occupied in making nominations of officers and committees for the ensuing year. Dr. James Johnson introduced a conversation upon the cold water system, now getting into favor in Germany and other parts of the Continent, for curing various diseases, and even pneumonia. The patients drink largely of cold water, and this is often alternated with immersion in cold water when the body is in a profuse perspiration. Mr. Winslow gave an instance of some water drinkers who drank no less than from five to six gallons daily; and he further stated that in Vienna, a magnificent set of baths had been constructed expressly to accommodate the growing sect of water drinkers.

As the water drinkers are beginning to appear in England, they may soon be looked for in the United States, there always being individuals enough among us to copy the absurdities of the old world as fast as they are developed. Some of those who visit the celebrated springs at Saratoga and Virginia, are not far behind the German liquidists in point of aqua-mania.

Solitary Vice.—This is the title of a little pamphlet by Mrs. M. S. Gove, addressed to parents. It seems impossible that the vice she describes is so predominant amongst females. We know not what to say upon the subject—never having imagined such moral or physical impurity. But she is a woman herself, and therefore presumed to be correctly informed. If Mrs. Gove has more facts, she is bound to give them to the profession. To correct such an evil it is necessary to be armed with the whole truth. It is charitable to suppose the persons referred to as illus-

trations of the gross wickedness she endeavors to overcome, were insane, and therefore the fit inmates of a mad-house.

"*Native Physician*."—A monthly periodical with this title, which is devoted to *exposing the errors of popular practice*, is circulating, by way of experiment, edited by John C. Kelly, M.D., professor, &c. A better remedy for quackery could not be devised—for being the essence of stupidity, it must necessarily exhibit the shallow pretensions of those who are continually crying out for medical reform. The only reform required, is the enlightening influence of common sense on the benighted minds of American quacks and their dupes.

Annual Catalogues.—These acceptable documents, by which the statistics of the profession are ascertained, begin to come in from those schools where the lectures have closed. Several of the country colleges have found it for their advantage to commence in August, which brings the term to a close about the first of November. In the Berkshire catalogue, the total number of students was 74. As the term also closed at Dartmouth College a few days since, a catalogue may also be expected from that quarter. We understand there was a good class there, about twelve of whom were graduates.

Croton Oil.—At the late meeting of the British Association for the Advancement of Science, Dr. Newbigging, of Edinburgh, read a communication on the therapeutic effects of castor oil in certain nervous disorders, in which he was desirous of showing that, independent of its well-known purgative property, the Croton oil possessed specific influence in epilepsy; and in the various forms of neuralgia, as in tic douloureux, sciatica, &c. He was induced to form this opinion, in consequence of his experience of the treatment of such complaints in his practice at the New Town Dispensary of Edinburgh, as well as in private practice. The author detailed some of the cases, more particularly of epilepsy, in which he had produced entire relief from that very grievous complaint, and mentioned especially one instance of a cure having been effected after the disease had existed upwards of twelve years. Dr. N. stated that he had remarked very decided benefit from this remedy in laryngismus stridulus, or crowing disease.

Sir Charles Bell expressed an opinion, in the conversation which ensued, that this medicine is efficacious in those neuralgic affections when seated in the face, but will fail in those seated in the extremities, unless accompanied by some symptom manifesting cerebral disease.

Dr. Abercrombie bore testimony to its utility in affections of the brain from long experience of it, and mentioned a remedy which he found very serviceable in laryngismus stridulus, viz., a combination of carbonate of iron and rhubarb with musk.—*Lancet*.

Melanotic Tumor over the Parotid Gland.—H. D., aged 40, was admitted to the University College Hospital July 8, under Mr. Liston. She has had a small mole or mark on the left cheek since birth. It began to increase about two years ago, and to become black and discolored. It increased in size, at first slowly, but afterwards more rapidly. It did not

give her any pain. On presenting herself at the hospital there is found to be a large tumor, of a black color and somewhat elastic, situated over the parotid gland. The tumor is rough externally, moveable, and apparently not deeply attached. Mr. Liston considered it a simple melanotic tumor of the skin, and recommended its removal.

10. To-day the tumor was removed in the following manner:—An elliptical incision was made in the skin on each side of the swelling, which, with the skin, was removed. The tumor did not extend beyond the subcutaneous cellular tissue, where it was enclosed in a cyst. No attempts were made to bring the wound together. Cold water was applied for two or three hours, and then warm-water dressing. No irritation followed the operation, and in a few days the woman was discharged well.

Forty-two Tendons divided at one Sitting.—A most extraordinary operation was performed the other day by Dr. Jules Guerin, on a young gentleman 22 years of age, who had all his muscles and tendons so dreadfully contracted that his knees were drawn up to his chin, his arms contorted, and his body the picture of the most hideous deformity. The doctor determined, after studying the case, to operate on him by the subcutaneous section of his muscles; and a large party of the most eminent medical men of the capital, as well as some from Russia and Germany, were invited to be present at the operation. The patient, it may be at once premised, bore the whole with the greatest fortitude.

Muscles and Tendons cut at the Elbow.—The two brachial biceps, 2; the round pronators, 2; the two radial arterials, 2; the two common superficial inflectors, 2; the two small palmaris, 2.

In the Forearm.—The isolated tendons of the two cubital anteriors, 2; the isolated tendons of the large and small palmaris, 4; the isolated tendons of the two large abductors of the thumb, 2.

At the Knees.—The sutorial, 2; the two crural biceps, 2; the two demi-membranal, 2; the two demi-tendinous, 2; the two right internals, 2; the fascia lata, 1; the lateral external ligaments, 2.

At the Feet.—The two tendons Achilles, 2; the two anterior leg-muscles, 2; the two common extensors, 2; the two extensors of the great toe, 2; the two anterior peronial, 2.

In the Body.—The grand pectoral muscle, 1. Total, 42.

The operation was conducted throughout with the greatest *sang froid* and courage; nothing but the *cric, cric* of the bistoury was heard, or a faint sigh from the patient. When the poor fellow was thus *untied*, his limbs were stretched out, and his course of clinical treatment commenced. In the evening he slept soundly, had no fever, and is now nearly recovered from his wounds.—*French Paper.*

Medical Miscellany.—A new series of the American Journal of the Medical Sciences is to appear in January. There will be no change in the editorial management.—Dr. Bell's Select Library and Eclectic Journal is also to be suspended till the first of January, to give delinquent subscribers time to pay up their arrearages.—\$3,500 are appropriated by the city government of Boston for the erection of a hospital for the House of Industry, South Boston.—Two more deaths by smallpox have taken place at Nantucket. One or two children have contracted the disease.—Dr. Robert Capen, who has been some years engaged on a work to be

called *Medical Natural History*, is still pursuing his investigations.—Dr. Kirkbride is the newly appointed physician of the Pennsylvania Hospital for the Insane. He has recently been visiting the insane institutions here at the north.

ERRATA.—In Dr. Paine's Reply, p. 187, 31st line from top, for *ever* read *even*; p. 203, 5th line, for *excited* read *excites*; p. 204, 27th line, for *typhoid* read *typhus*; p. 206, 48th line, dele *about*; p. 207, 24th line, dele *of*; p. 209, 10th line, for *d'exactitude* read *d'exactitude*.

TO CORRESPONDENTS.—The communications of Drs. E. Warren and C. A. Lee are received, and will be inserted as soon as space will admit.

DIED.—At Philadelphia, Samuel J. Cramer, M.D., of Charlestown, Virg.

Number of deaths in Boston for the week ending Nov. 7, 37.—Males, 20—females, 17. Stillborn, 2.

Of consumption, 4—typhous fever, 4—infantile, 5—dysentery, 1—lung fever, 2—hooping cough, 3—child-bed, 1—drowned, 1—delirium, 1—paralysis, 1—croup, 1—inflammation of the lungs, 1—inflammation of the brain, 1—canker, 1—dropsy on the brain, 2—intemperance, 1—cholera infantum, 1—brain fever, 1—fits, 1—apoplexy, 1—dropsy in the head, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. Oct.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Therm.	Therm.	Therm.	Barom.	Barom.	Barom.			
	Therm.	Therm.	Therm.	Barom.	Barom.	Barom.			
1. Thur.	54	53	48	29.56	29.63	29.64	N E	Rain	Foggy day.
2. Frid.	50	60	57	29.67	29.68	29.66	N E	Cloudy	Foggy.
3. Satur.	62	70	60	29.50	29.34	29.36	S	Rain	Showery. Clear in the evening.
4. Sun.	38	61	57	29.57	29.55	29.53	N W	Fair	White frost.
5. Mon.	46	71	63	29.50	29.47	29.46	S	Fair	} Very pleasant days.
6. Tues.	50	75	69	29.43	29.42	29.40	S W	Fair	
7. Wed.	52	61	56	29.54	29.65	29.67	N W	Fair	
8. Thur.	42	71	66	29.70	29.71	29.67	S E	Fair	
9. Frid.	52	58	52	29.60	29.68	29.71	N E	Cloudy	} Fine rain.
10. Satur.	58	58	52	29.75	29.71	29.66	N W	Fair	
11. Sun.	47	58	58	29.44	29.22	29.07	S E	Rain	Flying clouds.
12. Mon.	56	59	52	28.90	28.99	29.05	N W	Cloudy	} Flying clouds.
13. Tues.	40	51	48	29.30	29.33	29.35	N W	Fair	
14. Wed.	40	66	62	29.30	29.23	29.33	S W	Fair	} Flying clouds.
15. Thur.	38	52	51	29.40	29.44	29.48	N W	Fair	
16. Frid.	33	40	42	29.60	29.63	29.65	N W	Fair	} Flying clouds.
17. Satur.	28	50	47	29.80	29.83	29.82	N	Fair	
18. Sun.	43	53	51	29.84	29.84	29.80	N	Cloudy	Moderate rain in the night.
19. Mon.	49	58	57	29.70	28.64	28.61	S E	Cloudy	Rain in the night.
20. Tues.	62	65	60	29.48	29.45	29.45	S E	Rain	} Trees covered with autumnal beauty.
21. Wed.	53	54	50	29.49	29.35	29.30	N E	Rain	
22. Thur.	50	48	46	29.02	29.20	29.30	N W	Fair	High wind. Aurora borealis.
23. Frid.	38	58	56	29.40	29.20	29.20	S W	Fair	High wind.
24. Satur.	42	50	44	29.40	29.48	29.52	W	Fair	Beautiful sunset.
25. Sun.	38	42	38	29.56	29.40	29.33	N	Rain	} Severe snow storm in the night and this morning. High wind. Snow 5 inches.
26. Mon.	29	37	34	28.95	29.08	29.26	W	Fair	
27. Tues.	29	39	36	29.57	29.68	29.70	W	Fair	} Great storm. High wind.
28. Wed.	33	48	46	29.74	29.68	29.64	S E	Cloudy	
29. Thur.	47	60	58	29.61	29.41	29.34	S E	Rain	} Foggy. Beautiful sunset.
30. Frid.	62	61	59	29.04	29.01	29.03	N W	Fair	
31. Satur.	44	52	46	29.16	29.31	29.33	N W	Fair	

The month of October has been uncommonly fine—the weather fair and mild—affording the farmer the best opportunity to gather in the fruits of the season. Extremes of thermometer, 28, 75; barometer, 28.90, 29.84. Much rain has fallen.

TO PHYSICIANS.

A GENTLEMAN well qualified for the practice of medicine, may secure to himself a residence in a good village, in this neighborhood, vacant by the death of an elderly physician, by applying for information soon to A. B., of Springfield, Mass. N. 11.—

TO PHYSICIANS.

ANY physician having a fair share of practice, and wishing to dispose of his stock and stand, may hear of a purchaser by addressing a letter, post paid, stating terms, &c., to the editor of this Journal. N. 4.—1t*

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Hobbes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

ep1mcoo3m

LECTURES ON HERNIA AND MECHANICAL SURGERY.

On Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the correction of distortions.

The relief of the various curvatures of the spine, deformities of the limbs, and club-foot, will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely clinical, as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket five dollars.

Philadelphia, Sept., 1840.

O. 12—1m

HEBER CHASE, M.D.,
Ninth street, below Walnut.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

The course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	- - - - -	NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - -	ROBERT HARE, M.D.
Surgery,	- - - - -	WILLIAM GIBSON, M.D.
Anatomy,	- - - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	- - - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	- - - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	- - - - -	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 Chesnut street, Philadelphia, July 15, 1840.

July 22—ep1N15

W. E. HORNER,
Dean of the Medical Faculty.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—124

JOSEPH BATES, Lebanon Springs.
CHILD & LEE, Pittsfield.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

represent anatomical

BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXIII. WEDNESDAY, NOVEMBER 18, 1840.

No. 15.

DR. PAINE'S REPLY TO H. I. B.—No. IV.

DR. BOWDITCH states, that,—

“Dr. Paine never suffers his reader to lose sight of the *main object of his two volumes*, viz., a violent attack upon the numerical, or, as he chooses to call it, the anatomical school.”—(P. 73.) This is repeated, thus,—“the numerical (or anatomical, according to Dr. P.) school.”—(P. 74.) And yet again:—“It would seem, then, that our commentator raised up nothing but a spirit; and we find him fighting as a *fundamental point* of the numerical method, a chimera of his own brain. This *two-fold error* of supposing the numerical and ‘anatomical’ schools *identical*, and that the *former trusts* to pathological anatomy as the ground-work of its system, *runs through* the whole of the hundred pages of criticisms.”—(P. 79. *The Italics are mine.*)

I know not how to characterize these atrocious misrepresentations. I would most willingly avoid all offensive epithets; and it is only the distinctness with which I shall show their desert that I can offer as a justification.

My work, in a general sense, aims at very different, and far higher objects. It is extensively concerned about nearly all the great subjects in physiology, pathology, and therapeutics; and a *practical bearing* is everywhere given to the whole. Its general scope is to inquire into the prevailing philosophy in respect to each,—to indicate the methods of inquiry which should be observed by philosophers,—to exhibit the evils of hypothesis and the advantages of true theory,—to analyze our existing knowledge in the various branches examined,—and to wrest our facts from the grasp of speculation and reduce them to fundamental principles. Such are the objects of my work, and whether accomplished or not, it equally stamps the foregoing representations of my critic.

Let us now look at the statements more specifically. Dr. Bowditch presents me before the world, and before my work is known to the public, as having been guilty of the absurdity and injustice of “calling the numerical, the anatomical school,” and of making them “*identical*.” To enforce the intended effect, he also affirms that it is the “main object of the two volumes” to carry on “a violent attack upon the numerical, or, as he chooses to call it, the anatomical school.”—(P. 73.) Now, in the first place, I have devoted an essay, of 37 pages, to a consideration of the “Comparative Merits of the Hippocratic and Anatomical Schools.” Here, then, if anywhere, this imputed confusion

should appear. *Medical Science*, however, in this Essay, a remote allusion to the numerical school. That school forms a special, but brief subject of consideration in the Essay which is devoted to the "Writings of M. Louis," and in my "Philosophy of Bloodletting." Morbid anatomy I have everywhere advocated, and have labored to point out its legitimate and important relations to pathology; but always holding it in subordination to the vital signs. The numerical school, in *M. Louis's acceptance*, I have condemned with as little ceremony as he has all preceding observation; nor have I any apprehensions of my success in this respect. It will be thus seen that Dr. B. has a comprehensive purpose in the foregoing statement. It represents me as deficient in common understanding,—my work as hostile to morbid anatomy as to "numericalism," and without that element in its foundation. A distinction is even cautiously maintained between the anatomical and numerical schools, which have no other than an incidental connection. At the beginning of my Essay on the Writings of M. Louis (p. 683), after saying that its principal object is to exhibit "the practical results of morbid anatomy," and that it "may therefore be considered so far a continuation of the last" (or the Essay on the Hippocratic and Anatomical Schools), I add, that, "we have also bestowed *some notice* in our first volume upon our author's *numerical system* in its relation to bloodletting; but, we shall *transiently notice it again in other aspects.*"

Again, however, there is no incompatibility between the two schools, whatever may be the abstract distinctions. The "numerical" may take the lead in the anatomical, and embarrass it with absurdities. But this only proves their elementary distinction. Bichat and Hunter were general anatomists of the highest consideration, each variously dissecting, but always rendering necroscopic results subordinate to vital phenomena. Therefore is it, that comparatively little of the former appear in their writings, especially those of Hunter. Their pages glow with nature as she glows, and they have but little of the odor in which the strict anatomist delights. The dross of the dead-house is subjected to an alembic, and a sweet distillation imparts its delightful perfume. Hence I have said in my work, that,—“Coming to Hunter, we find him analyzing the principle of life, and expounding the whole philosophy of inflammation, with scarce a reference to a post-mortem examination” (*Vol. 2*, p. 674); whilst, in another place I have it,—“who was neither *anatomist*, physiologist, surgeon, nor naturalist alone, but the most remarkable combination of *all these* that the world has yet seen.”—(*Ibid.*, p. 538.) All this is exactly true. Of Bichat, I have said,—“It is not, then, the *great architect* of the *anatomico-pathological school*, of which we are a *humble advocate*, who laid the foundation wrong; but the glare of his light was too much for his countrymen, who, as Armstrong expresses it, ‘have just burst from the old system of pathology,’ and who, as avowed by Travers, are unacquainted with the achievements of Hunter.”—(*Ibid.*, p. 663.) My opposition related to the “excesses of the dead-house” (p. 663), not to morbid anatomy as cultivated by Hunter and Bichat. But, morbid anatomists as they were, think you that either would have tolerated “*the numerical school*”? Andral and Louis are placed, by

common consent, at the head of the present anatomical school, whilst Broussais is ranked as a chief by a reviewer with whom I had the honor of an argument.—(Vol. 2, p. 645.) But, would Andral esteem it a compliment to be classed with the “numeralists,” and did not my critic fear that the ghost of Broussais might call upon him for atonement?

Again, Dr. B. is pleased to say that “there is scarcely a hundred successive pages in either volume, in which this opposition does not manifest itself,”—that is to say, “a violent attack upon the numerical school,”—“the main object of the two volumes.” Now there is no allusion to the subject, unless very incidentally (and of such I have no recollection), in any one of my Essays, excepting in those upon Bloodletting and the Writings of M. Louis. In the former, a short space only is devoted to its consideration, and I only recurred to it briefly in the latter. Here, in this Essay on the Writings of M. Louis, Dr. B. gives to his reader the *impression* that I have “dedicated a whole chapter of 134 pages” to exploding the “bigoted numeralists.”* Now it happens that I have “dedicated only three pages of this Essay to that object, and these are *isolated* from the rest by a black line drawn at their commencement and termination, that the individuality of this part of my subject might be at once obvious to the most careless observer. These three pages begin with the following sentence. Thus:—“Of the *numerical* method we have, perhaps, said as much as is incumbent upon us in our first volume, pages 293—309, 332. We have there exhibited an instance of its practical application in the hands of others (p. 305), and we will now present an illustration by our author.”—(P. 780.) Indeed, Dr. B. has unwittingly indicated the amount of attention which I have given to the numerical school. Thus:—“Our author progresses in his zeal, and devotes *three* pages (Vol. 1, p. 293) to the improprieties of the numerical school” (p. 76), and just this amount, as I have shown, is given to the subject in my article upon the Writings of M. Louis. This Essay is mainly taken up in indicating the abuses of morbid anatomy,—in showing the generalizations of my author which he founded upon them,—in pointing out the dangers of false philosophy,—in arraigning my author for a departure from his own rules in philosophizing,—in protecting my brethren, from Hippocrates to the present time, against his almost universal scorn and derision,—in demonstrating the fallacy of the assumption that “medicine is now in its infancy.”

The foregoing misrepresentation is also extended to the anatomical school. Now this school does not come under consideration in my first volume, excepting where I speak, in my Essay on Bloodletting, of the numerical method, and where, also, I bring forward morbid anatomy to *sustain* my argument with Dr. Hall as to the imputed effects of excessive bloodletting. And here, by the way, the few pages which I have

* Pp. 73, 74. Dr. B. quotes these two last words with the manifest intention of imputing the epithet to me. Not having had the leisure to look over my work, I will not positively affirm that such an expression may not have escaped me. I believe, however, that the word “bigoted” is not in the book. The use of the word “strangled,” in connection with bloodletting, is also imputed to me. (P. 75.) It is possible I may have committed the barbarism; but if so, I call upon Dr. B. to publish the remark, as well, also, that in which the words “bigoted numeralists” are said (by marks of quotation), to have occurred—the volume, and pages. If I am convicted, I fully allow the justice of the criticism. If I am not, * * *

devoted to the *numerical* school are also isolated from the section by a line. The subject, too, as in the instances already cited, begins with a statement which makes a radical distinction between the numerical and anatomical schools. Thus:—"We shall now proceed to an examination of the treatment of simple pneumonia, and of some other inflammatory affections as founded upon the 'numerical method' in its connection with morbid anatomy as cultivated by the *exclusive* philosophers of the *anatomical* school."—(Vol. 1, p. 293.) It will be recollected, too, that Dr. B. refers to this very page, and had he fairly presented the subject in the foregoing acceptance, and called it *Louism*, I had not objected.

Coming to the second volume, I have nothing on the subject of the anatomical school in my Essays on Animal Heat, the Philosophy of Digestion, and the Theories of Inflammation; unless in the last indirectly, and not in the sense imputed by my reviewer. In my Philosophy of Venous Congestion, there is nothing upon the anatomical school, unless a casual reference, and here I bring up morbid anatomy, and *far more extensively than has been allowed*, as an *auxiliary* to my pathology of that disease. Finally, it is not, till near the end of the second volume, where my article on the Schools is placed, that the question is brought forward. In my Philosophy of Venous Congestion, a remark occurs which farther places this subject and my critic in their proper attitude. Thus:—"In our Essay upon the Comparative Merits of the Hippocratic and Anatomical Schools, and in our examination of the Writings of M. Louis, we have endeavored to show the superiority of the vital signs in marking the true pathology of disease."—(P. 316.)

Now, as to the second part of the "two-fold error," "that the *numerical* school trusts to pathological anatomy as the ground-work of its system." If M. Louis be assumed as *constituting* "the numerical school," then is the affirmation correct; otherwise it has no foundation. No one venerates more than myself the philosophical habits and labors of many (as Jackson, Hale, Gerhard, &c.) who employ the numerical method as an *auxiliary* to medical science. This remark leads me to say that I have been misapprehended in my views of the method, and perhaps I may not have been sufficiently explicit. Now it so happens that *I like the method* without its abuses, and as such have long employed it. Whenever I have spoken of it, I have always intended M. Louis's "numerical method," which rejects all observation that is not founded upon it, brings pathology and therapeutics under the dominion of mathematics, regards not the various considerations which relate to climate, constitution, habits, age, sex, &c., and practically knows little else than a *balance sheet*. As the method existed prior to this innovation, it offers important advantages as a general memorandum. It is of M. Louis's "method" and "numerical school," therefore, that I have spoken in my work. I would advocate the old method, or, as Dr. B. has it, "the plan originally proposed by others," and "we hereby give in our faith."—(P. 78.)

Dr. Bowditch brings me forward as the champion of Chomel. "Dr. Paine," he says, "seems to think himself called upon to defend the repu-

tation of Chomel," &c. Then follows a long exposition, implying that I have conveyed an impression that Chomel undervalues his friend Louis. The latter implication is without a shadow of foundation; and, as to the former, its only source is my remark that, "this distinguished observer, however, should be in no respect associated with our author's performance" (p. 685), and this, as will soon be seen, was modified immediately afterwards. Although I have now stated the whole of the "defence," Dr. B. nevertheless has it—"as our author thought it necessary to devote *two pages* to the subject, we were unwilling to pass it by unnoticed."—(P. 79. *My Italics*.) It is certainly painful to me to call up subjects of this nature, unless for the purpose of some general interests. Yet, being required to meet a calumniator, I must show the reader with what reference to truth I have been presented as the "defender" of Chomel. This will appear farther from the following extract from my work. Thus:—"And, *coming to the writings of M. Louis*, we shall make it a particular object to inquire how far both himself and *Chomel* are entitled to the rank which is awarded to them by the able writer who stands at the head of this Essay, as we have already endeavored to show with what consideration 'M. Andral is allowed by the profession to be the first physiologist in the world.'"—(Vol. 2, p. 645.) And now as to the charge of having placed Chomel in opposition to his friend Louis (p. 79), take the following passage, from my Essay:—"Not only such an example, but a multitude of them, occur in the writings of an author who will *not be suspected of any disposition to interfere with M. Louis's generalizations*. This author is Chomel, so largely interested in the works on Typhus, and Phthisis, now under consideration."—(P. 687.)

This last quotation carries us back to my 1st No., as it bears directly upon Dr. B.'s statement of my denial of Chomel's "superintendence" of the hospital. The remark occurs, also, within two pages of my general statement of the fact, as expressed in the "Advertisement," and of the misrepresentations which I am now investigating.

In reference to the controverted anatomical lesion of Peyer's glands, my commentator affirms, that,—“Among the ablest and worthiest, and the one upon whom Dr. Paine rests his greatest hopes, is Chomel;” and, to carry out this deception (and the memorable one connected with it, as shown in my second number), Dr. B. troubles the subject at great length. (P. 81.) Now, although I have introduced Chomel as the first of my witnesses because he was the *earliest* in order as to time, it will be seen by referring to my Essay that he is one of the *least* in importance; nor have I brought his testimony as having been arrayed (according to Dr. B.) against M. Louis's conclusions. On the contrary, it is immediately preceded by the last quotation from my work (p. 687). I have, also, even invalidated his statements with the “numerical school,” by saying that his “facts are rather *old*, but little known, and more frequently neglected.” I cannot, therefore, consent that my greater witnesses, Tweedie, Lombard, Perry, Craigie, Alison, The British and Foreign Medical Review, Dunglison, Geddings, Hale, &c., should be crowded aside for the benefit of the master. It is owing to this large

body of proof, clear and decisive, and the inferiority of Chomel's, that Dr. B. misrepresents the latter, that it may appear to follow that I have not aided in putting at rest a question upon which much of M. Louis's fame has rested. By turning to pages 688—692, the reader, who may have the curiosity, will see how the case stands between Dr. Bowditch and myself.

The perverted extracts which formed the subject of my second number are preceded by more than a page of introductory comment, which relates exclusively to the controverted anatomical lesion of Peyer's glands. The reader is here prepared for the coming event by imputing to me an unfair representation of Chomel's opinion of that lesion. This charge is conveyed in a manner so well introductory to a succession of deliberate acts of the very nature of the offence which they fabricate and condemn, that the reader will be gratified with seeing it. Here it is:—"The reader doubtless will suppose, from what we have extracted from Dr. P.'s remarks, that Chomel believes that the peculiar lesion of the intestinal follicles ascribed by Louis to the typhoid affection can be found in many diseases. Now we deny that Chomel ever said so, or meant to be understood so to say; and we assert that he declares exactly the contrary, and that it is Dr. Paine's *garbled quotation* that has led the reader into error."—(P. 82. *My Italics.*) I cannot encumber my reply with extended quotations from Chomel to show my translator's misrepresentation. But, as it was designed mainly as a *ruse* to give effect to the greater fraud which followed, I shall now state all that occurs, in my work, upon this subject in relation to Chomel, and of which Dr. B. predicates his affirmation that,—“Among the ablest and worthiest, and the one upon whom Dr. Paine rests his greatest hopes, is Chomel.”—Thus:—

“Chomel states that alterations of the glands of Peyer were common in the epidemic Parisian cholera of 1832; so common, indeed, that he was disposed to carry M. Louis's philosophy of the dependence of typhus upon the glandular affection to the cholera itself, and to establish an *affinity*, if not the identity, of these diseases. [*This is true.*] It is certain, that such had become the ascendancy of the glands of Peyer in ‘pathological anatomy,’ that, as in the typhoid affections, those glands were regarded by the sçavans of Paris not only as the veritable *seat* of cholera, but as the cause of its morbid phenomena. [*And this is true.*] Thus:—‘On se rappelle que, dans l'épidémie de 1832, les premiers observateurs qui eurent l'occasion d'ouvrir des corps de cholériques crurent avoir trouvé dans la lésion des follicules intestinaux, et le *siège* de la maladie, et la cause de la plupart des phénomènes morbides qui la caractérisent.’ But, this is not all which Chomel supplies. He has seen the same alteration of the glands of Peyer as attends typhus, in scarlatina, and other affections (sujets morts d'affections différentes); with the *exception of the ulceration*. [*And this is true.*] He states one case, in erysipelas of the face.”*—(P. 688.) *This is also true*, and the end of my “ablest witness”! The reader will also not fail to ob-

serve, in the first part of the extract, how far I had placed Chomel in hostility to Louis.

The reader, by referring to Chomel's work, will see that there is no "garbled quotation," no words *fabricated*, or *expunged* from the quotation, and that my author's statement is fairly expressed. Nor should I neglect saying, that it was my principal object, in quoting Chomel, to show, through him, what had been the opinion of the "savans of Paris" as to the dependence of *Cholera* upon the follicular lesion. This is my great proof from Chomel, and it is undoubtedly important.

It will be seen, also, that I have stated the only exception of the least importance (that of "*the ulceration*"), as it respects Chomel's own cases, that the reader might judge for himself, whether the follicular lesion observed by Chomel in "other affections" than the typhoid, was not so nearly allied to that which had been observed by M. Louis in the latter disease, as to divest the typhoid affection of its imputed characteristic. This was my own opinion; but I did not say, as alleged by Dr. B., that it was the opinion of Chomel. I was merely stating a fact; and if any one thing, more than another, can show the trifling with morbid anatomy, and that it is made the basis of pathology by Louis, Chomel, and Dr. Bowditch, it is the very pottering about this lesion of Peyer's glands, and whether, as to Louis, at least, it shall be the *seat* and *source* of all the structural lesions and all the vital phenomena in the typhoid affection, when it may be *ulcerated*, or appertain to some other disease when it is *not ulcerated*, but having essentially all the other morbid attributes.—See B.'s attack, p. 82.

But, I have a few words more as to this charge of falsely representing the facts from Chomel. This is predicated of a fraudulent extract from my Essay. I shall place the right and the wrong ones in parallel columns.

My Remark.

"Chomel has seen the same alteration of the glands of Peyer as attends typhus, in scarlatina and other affections (sujets morts d'affections différentes), *with the exception of THE ulceration.*"

Dr. Bowditch's Quotation.

"Dr. Paine says that Chomel 'has seen the same alteration of the glands of Peyer as attends typhus, in scarlatina and other affections (sujets morts d'affections différentes).'"

The reader will see that the important qualification is *expunged*; and having committed this act, Dr. B. proceeds *immediately* to say, "We are sorry to see such a lamentable deficiency in the fairness which we expect in one who *quotes*!"—(P. 82.) This was a fitting preliminary to the other mutilated quotation, and the false translation, which follow in immediate connection, and which were the subject of remark in my second number.

A fundamental anatomical question will begin my next number.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It appears that my statement, explanatory of the views of the late Dr. Ticknor, published in your Journal of Oct. 14th, is not entirely satisfactory to your correspondent H. He finds fault with the manner in which I treated the subject, and more than intimates that I had some ulterior object in view, besides that of defending the reputation of Dr. T. I confess, Mr. Editor, that in the present improved state of medical science, the result of two thousand years of experiment, research and discovery, I can look with little complacency upon any new system, or theory, which sweeps all this aside as of no value, as a mass of rubbish, from which scarcely any fragments can be gathered with which to build again. I have not so studied the ancients or the moderns, as to believe this can be done by any man, or generation of men, however great their powers, or acute their understandings, without manifest injustice—yea without exhibiting a high degree of arrogance, presumption and folly. But this Hahnemann has done—this his followers are now doing.* Again, Sir, were this but a mere matter of speculation, not involving the lives and health of our fellow men, such trifling might afford no small entertainment; we might take up Hahnemann's works, as we do the Arabian Nights or one of Scott's novels, and knowing that we are dealing in the fictions of imagination, we might venture to give the reins to fancy, and for a while be absorbed in the musings and inventions of a speculative mind. But it assumes a different aspect, when we see our friends and acquaintances falling victims to this solemn jugglery—when we see life and health jeopardized upon the hazard of a hypothetical system, to the neglect of well-known, successful modes of treatment—and we may find our apology, perhaps, for warmth of language or severity of rebuke, in such considerations as these.

Your correspondent H. makes a belief in the infinitesimal doses essential to the character of a "*legitimate homœopathic practitioner.*" Dr. T., then, was not a *homœopathist*; he was not even "*yet fairly in the right path*"—he had not even yet ventured "*on the only just course by which he could have come to a fair and honest conclusion.*" In short, says H., "*he was not fairly inquiring into the validity of homœopathic practice, as taught by Hahnemann and his disciples.*" This doubtless was the fact—Dr. Ticknor never did believe in homœopathy

* Hahnemann denies that nature ever cures disease, or that Allopathic physicians can cure, except on the Homœopathic principle. He says (*Organon*, p. 148), "No severe symptom of a permanent disease has ever been treated by their opposite remedies and palliatives, where the evil did not re-appear after a few hours, more aggravated than before." "The miserable succor which the vital powers can procure, when abandoned to their own resources, is infinitely beyond the skill of the allopathist."—(P. 37.) "Until the present time, the diseases of mankind have not been treated according to a system founded on nature and experience; not by the remedies appropriate to them individually, but rather according to therapeutic notions, admitted upon the faith of mere imagination."—(P. 48.) "There is no true method (of cure) but the homœopathic."—(P. 145.) "Until the present time, no person has ever inculcated this homœopathic mode of treatment, and yet more, no one has ever yet put it into practice."—(P. 49.) "How could the Old School, which was accounted rational, blindly take the vital power for its best instructor and guide; how could it venture, without reflection, to imitate the indirect and revolutionary acts which the vital power performs in disease, and finally follow it as the best and most perfect of models, whilst Reason, that magnificent gift of the Deity, has been granted to us, in order that we may go infinitely beyond it, in the aid which we are to bring to our fellow mortals."—(P. 28.)

as taught by Hahnemann—he never stultified himself, by instituting experiments with the infinitesimal doses, and it is presumed he never would. He certainly would not, unless, as I said before, he had lost his identity. There are some things, asserted as *facts*, which the common sense of mankind stamps, at once, as the fictions of imagination. There is no need of argument or experiment to determine their fallacy. The very fact of going into an examination of their merits, proves a man to be a weak-minded visionary, ready to believe in any impossibility or absurdity, if stoutly maintained. To set about, seriously, to establish the verity of Hahnemann's alleged facts, a man should be as visionary as Hahnemann himself. He should, like the poet, have "an imagination all compact"—ready, if he did not witness the desired results, to fancy he saw them. Dr. T. did not rank with this category. He did not believe in the efficacy of the decillionth of a grain of *charcoal, flint, lime, silex or sponge!*

I cannot here go into the discussion of the merits of homœopathy, nor is it necessary. H. finds fault with my assertion that Dr. T. "never maintained with homœopaths, that *the half is greater than the whole*," and says, "there is nothing in their doctrines which bears the resemblance to such, and this, Dr. Lee, if he *understands* anything of them, must know to be the truth." Well, perhaps I am ignorant, but I drew my facts from those whom I considered competent authority on this subject. I shall therefore have to bring them forward to testify in the matter. In the *Homœopathic Examiner* (*Vol. 1, No. 1, p. 5*) Dr. A. Gerald Hull remarks, "It (homœopathy) discovered that small doses of medicines affect the body much *more powerfully*, and also *much longer*, than the larger ones, which for the moment operate stronger, but are in general much sooner cast out of the system and lost." Again, Dr. Hull says (*Vol. 1, No. 2, p. 59*), "In consequence of the very slight diminution of power which many of the remedies undergo in the successive dilutions prescribed by Hahnemann, it has been affirmed by him, that the attrition by which the dilutions are effected discloses or develops, and *even increases their peculiar powers*." Again, "If by attenuation the surface of one grain of metallic gold be given to one hundredth part of a grain, *it may affect the system as strongly as the whole grain*."—(*P. 59*.) At page 83 of the same Journal, we are told by Dr. Ruchert, that *silex* "produces no dynamical effects unless homœopathically prepared and diluted, but when faithfully carried up to the 6th dilution, according to the directions of Hahnemann, and from thence up to the 30th" (which would require a mass of fluid larger than the whole solar system), "*it exhibits a great variety of potent symptoms*"! Dr. Hull's Journal is full of statements to the same effect.

If we turn to Hahnemann's *Organon* (translated by Stratten), p. 204, we read, "I have judged it more proper to administer only doses that are very weak and extenuated to a very high degree, because it is in this form that the virtues of medicinal agents are the most developed." Again (p. 209), "The more moderate the dose (without, however, going beyond a certain limit), *the more are the primitive effects developed* which are most important to be known." Again (p. 295), "Homœopathic

medicines acquire at each division or dilution, *a new degree of power*, by the rubbing or shaking they undergo, a means of developing the inherent virtues of medicines that was unknown till my time; and which is so energetic, that latterly I have been forced by experience to reduce the number of shakes to two, of which I formerly prescribed ten to each dilution"! Again (p. 298), "If the patient is very sensitive, and it is necessary to employ the smallest dose possible, and attain at the same time the most speedy results, it will be sufficient to let him smell once to a phial that contains a globule the size of a mustard seed, imbibing the medicinal liquid to a very high degree. After the patient has smelted to it, the phial is to be re-corked, which will thus serve for years, without its medicinal virtues being impaired." These are some of the passages I had in my mind, when I stated that Dr. T. "never maintained, with homœopaths, that the half is greater than the whole, and that the millionth of a grain of medicine had more power than the whole grain." I referred to the treatment of disease, and I stand ready to prove, if further proof be wanted, that this hypothesis pervades the entire Organon, and is generally believed and practised upon by homœopaths. Nothing is more common than to hear them say, that the high dilutions are more powerful than the lower. When I stated that homœopaths believed that "the billionth of a grain of medicine has more efficacy than a pound," I did not mean to be understood literally, but in a general sense. All I wished to convey was, that they hold that these high dilutions, or infinitesimal doses, were more effectual in the removal of disease, than the large allopathic doses, in ordinary use. I have proved that this is the case, and I leave it then to the reader to infer whose is the "gratuitous misrepresentation."

New York, Nov. 3d, 1840.

Respectfully yours,

CHARLES A. LEE, M.D.

CASE OF STAMMERING.

BY EDW. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN consequence of some Remarks on Stammering, written by me several years since, for the American Journal of Medical Science, individuals afflicted with this difficulty have in several instances been referred to me by my medical friends in Boston. I have generally directed them to gentlemen in New York and elsewhere, who made the treatment of this affection their principal business.

In the course of the month of July last, however, a young lady was referred to me by Dr. Reynolds, who could not visit New York, but who expressed so strong a desire of relief, that I was induced to promise her such assistance as was in my power. She was afflicted with the worst form of stammering; that in which the difficulty proceeds from stoppage of the voice, and in which the organs of *articulation* become secondarily affected. On the other hand, the intelligence of the patient,

her ardent desire to obtain relief, and her never having undergone any course of treatment, were favorable to the prospect of cure.

My efforts were successful beyond my expectation. From the time of the first lesson she spoke freely, and subsequently no one would have perceived any defect in her speech, even when she was placed in the most trying situation, or in the utterance of the words she formerly found it nearly impossible to articulate. The continuance of the lessons for a short period was necessary to confirm the habit of easy speech; but when I last saw her she considered herself perfectly cured.

I stated in the "Remarks" above alluded to, that experience was absolutely necessary for the treatment of these impediments. For this reason, I have hitherto directed those who applied to me to those more accustomed to communicating the necessary instructions. On the other hand, I was encouraged to undertake the cure in this case, from the consideration that no person could have received more instruction upon the subject, or have seen more of the affection in his own person and in others, than myself. The pupil ought to become qualified in his turn to be teacher.

Most of the methods that have been adopted for the cure of stammering are empirical, and what happens to succeed in one case, will aggravate in another. We rarely see an adult stammerer in whom it has not been confirmed by the efforts made to relieve him. The affection, however, is now much better understood than formerly, and there is at least one method (for all the successful methods depend upon the same principle) by which a cure can in nearly all cases be accomplished, unless it has been confirmed as above said. In some cases, indeed, the pupil does not possess sufficient intelligence, nor will he make sufficient exertion to be cured. With an intelligent pupil a surprising and decided effect may be produced at once; but it requires great labor both upon the part of the instructor and of the pupil, in most cases, to render the benefit permanent.

Having been successful in this case, I shall feel myself bound to attend to such patients of this description as may think it a sufficient object to consult me at my present residence.

Cambridge, Nov. 5th, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 18, 1840.

CORONERS.

ENOUGH has been said in the English journals, from time to time, to convince any community of the propriety of appointing medical men to the office of coroner. The topic has been often discussed in the United States, but the old system still prevails, and therefore it not unfrequently happens, in some places, that the coroner is a person neither respected for his intelligence, acquirements, or moral standing. If it is true that physi-

cians are the best qualified for conducting examinations over a dead body—that they must ultimately decide upon the causes of death under suspicious circumstances, and that in cases of wounds, contusions, &c., they influence an inquest, then it is obvious that they would be the best men for coroners. There is often a useless waste of public money, and it may be an unnecessary excitement may sometimes exist, in consequence of the ignorance, stupidity or cupidity of incompetent coroners; whereas, had a physician the entire control, he would, in many such cases, at once understand the character of the matter, and save all that hurly-burly and confusion that grows out of an excited imagination, when the cause of death is not distinctly known in the neighborhood where it may have occurred.

The important responsibilities appertaining to the office of coroner, positively require more elevated qualifications than are ordinarily found in individuals holding that trust in New England. This is admitted, even by the lawyers, who are certainly conversant with the unscientific manner in which coroners' juries are very generally conducted. Innocent persons are frequently, we apprehend, imprisoned and tried for their lives, because there was a lack of that sort of knowledge in conducting an inquest, which is expected in a civilized community. Were medical practitioners generally appointed—a courtesy which has not yet been extended to them by any executive hereabouts—the change would certainly redound to the public advantage—and it would no longer be viewed as a kind of degradation to be a coroner.

Purchasing a Practice.—Gentlemen in pursuit of a location to practise, are becoming a numerous body. It being quite impossible to find an unoccupied place, the prominent object of solicitude is to ascertain who is in want of a partner, or who is desirous of relinquishing business. It has been found, by experience, that the shortest way of doing this, is to speak through the medical journals. A single line, in the form of an advertisement, will accomplish more for the advertiser in one week, than a whole year devoted to travel in search of a promising residence—and hence the custom of advertising by those wishing to dispose of their practice, as well as those who wish to procure one, is becoming very general. In London there is a class of medical brokers, exclusively devoted to negotiating between persons of this description. The same custom may at some future time prevail here. As a general rule, an objection is made to purchasing the house, fixtures, and the like, which the seller may happen to possess, and which would be as useful to the purchaser as they were to the owner, in pursuing the same professional routine. Again—in most instances, there is an unwillingness to pay a bonus for the good will or patronage of the occupant. Both of these objections are generally wrong. If a stranger can step at once into the custom of a physician, who perhaps may have been twenty years in obtaining the confidence of the community, it is right and proper that he should pay for it; it is economy to do it, since he is thus introduced to the patrons of the seller, whose ability to put him into the immediate receipt of a substantial income, it is presumed has been first ascertained. There are at this office several letters, from persons who have advertised in the Journal, who from ill health, or other causes, would willingly part with their practice for a reasonable compensation; but without some indemnity for transferring it, they would be wronging their families to do so. Some have small estates, in a majority

of instances worth the price asked; but in all transactions of the kind, judicious appraisers should fix upon the true value of the property. The risk, therefore, does not amount to an obstacle in the way of a fair trade. We are quite confident, having watched the progress of it some considerable time, that young physicians would be gainers, as a general rule, by purchasing the stand of a practitioner of character. It is not difficult to ascertain every fact that it may be essential to know—and the cost should be proportioned to the extent of the field. Reference is here made to the country, exclusively. To purchase a practice in a city would be ridiculous: a transfer could not be effected, constituted as society is and always must be in a dense population. In the country it is reasonable and judicious to buy and sell a medical patronage, and the expediency of the measure will ultimately, we believe, be universally admitted.

Dr. Dunglison's Report.—A pamphlet of thirty-five pages, octavo, has been received, entitled "a second appeal to the people of Pennsylvania, on the subject of an asylum for the insane poor," written in the author's usual style of excellence, when his sympathies are enlisted in a good cause. It is a statistical paper, of value for future reference, and should therefore be carefully preserved. Owing to the pecuniary difficulties in which that State is now unhappily involved, Gov. Porter could not sanction, conscientiously, a bill for the establishment of an asylum for the insane poor, notwithstanding it passed, last year, both branches of the Legislature. Such perseverance, however, as the friends of humanity manifest in this and the preceding report, will soon bring a State asylum into existence, whether there is money in the treasury or not.

Medical Society of Tennessee.—Minutes of the transactions of the Society, at the eleventh annual meeting, at Nashville, on the 4th of May last, came on by mail last week, somewhat shattered by the journey. Whether it has been six months or six weeks on the way, cannot be readily determined, nor is it of consequence to know—but we are certain of one fact, viz., that it is a day after the fair. The time has passed when it would have been exceedingly valuable to the compilers of medical statistics. Dr. S. Hogg, of Nashville, is president. Other matters relating to the Society, which is characterized by uncommon spirit, will be looked into another day.

Physiological Lectures.—Dr. Reynell Coates, of Philadelphia, who has long been before the scientific public, and consequently extensively known, commenced a course of popular lectures on physiology, in this city, on Monday evening last. A syllabus was published last season, which shows that the subjects embraced in the scheme of his lectures, are both extensive and instructive. The topics discussed are intensely interesting, even to those who possess a systematic acquaintance with physiology, and therefore cannot be less so to those who are for the first time presented with the curious details of an accomplished teacher.

Tincture of Muriate of Iron in Diabetes Mellitus.—Mary Wild, ætat. 56, of Ashton, had been subject to a diabetic discharge for eight months;

her general health had for some time been very precarious from the cessation of the menstrual discharge. About seven pounds and a half of urine in 24 hours. In this case the saccharine matter was not so abundant as in former cases. I gave the tinct. fer. mur. mixt. for six days, when a slight abatement was observable; but, on the 12th day, the quantity was more than at the commencement. On the 15th, the abatement again showed itself; and from this time to the end of four weeks kept constantly decreasing. At this time pleuritic symptoms called for a cessation of these remedies and the substitution of others, during which time a slight increase of urine came on; but on going on with the old medicine the improvement returned. She finally ceased taking medicine at the end of eight weeks, feeling her health quite restored, and has had no return since. The date of this case was March, 1840.—*Lancet*.

Statistics of Amputation.—Dr. Lawrie read to the British Association for the Advancement of Science, a most elaborate paper “on the results of amputation,” in which the results of all the cases which had occurred in the Glasgow Infirmary for many years, were stated, and all the great questions connected with amputation were ably discussed in connection with those results which were drawn from tables in which the operations were classified according to the sex of the patients; the cause of the operation, whether disease or accident; the limb operated on, whether primary or secondary, &c. &c. The following are some of the results obtained. Out of 276 cases, 176 recovered, 100 died; 216 were males, 60 females; 153 were for previously existing disease, 123 for injuries. One case of operation at the hip-joint occurred, which recovered. Generally speaking, secondary amputations were preferred, and immediate dressings approved of. The causes of death in the fatal cases were classified, and were frequently found to depend on visceral disease.

From the importance of the subject and the value of the communication, the section recommended its immediate publication *in extenso*.—*Ibid*.

Four Children at a Birth.—Jane Boucaut, aged 24 years, married 23 months, was prematurely taken in labor, on the 21st of April, 1831, at six o'clock in the evening, at the seventh month of pregnancy, and was delivered of a male child; twelve hours thereafter she gave birth to a second, then to a third, and immediately afterwards, to a fourth child, all of the male sex. The second birth was accompanied by a fresh discharge of liquor amnii. The two first and the last of the children were equal in size, and as large as usual for fœtuses of the seventh month. The third was smaller, about equal to the fœtus of the fifth month. The latter lived for some seconds, the three larger children for several hours.

There were two placentæ; one of these, attached to the upper of the right side of the uterus, had three cords; the other placenta connected with the uterus in the same situation, on the opposite side, had only one. The single placenta separated easily from the uterus; the other was firmly attached, and required to be removed by the hand. The patient was seriously ill for some time after her confinement, but, at the end of six weeks, was entirely recovered.—*Gaz. Med. de Paris*.

Excision of the Eye.—Many very serious accidents have been brought into the Cheltenham General Hospital lately, occurring on the railroads

in progress in this neighborhood. A curious case was admitted on the first of May.

James Mathews, ætat. 27, was brought in with the globe of the eye completely protruded from the orbit. The accident happened from his head being jammed between two carriages running on the rail road, from one of which an iron plate projected. The eye was removed by dividing the muscles and optic nerve. The nerve was divided at the point where it pierces the sclerotica; the globe was removed quite entire, and the patient did well.—*Lancet*.

TO CORRESPONDENTS.—The communication of "Antiquus" is received. To make room for this and other papers we shall probably omit one of Dr. Paine's Nos. next week, or the week after.

MARRIED.—In Boston, Dr. Edward William Holmes, of Charleston, S. C., to Miss Mary Elizabeth Thacher.

DIED.—At Danvers, Mass., Dr. Edward Southwick, of Augusta, Me., 42.

AGENTS FOR THE MEDICAL JOURNAL.—The safest and generally the most convenient way of forwarding subscriptions for the Journal, is through the mail, by postmasters, who are authorized to frank money letters from subscribers to publishers. In cases where it is preferable, however, subscriptions may be paid to either of the following agents:—

Luke Howe, Esq. P. M., Jaffrey, N. H.; I. Hinckley, Esq. P. M., Topsham, Vt.; Mr. Joseph Balch, jr., Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M., Catskill, N. Y.; Mr. W. C. Little, bookseller, Albany, N. Y.; Mr. C. S. Francis, bookseller, Broadway, N. York city; Mr. Thos. R. Hampton, Washington, D. C.; Wm. A. Gillespie, M.D., Ellisville, Louisa Co., Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D., Franklin, Tenn.; Mr. Isaac N. Whiting, Columbus, Ohio; W. J. Barbee, M.D., Cincinnati, Ohio; J. R. Bowers, Esq. P. M., York, Washtenaw Co. Mich.; J. M. W. Pictou, M.D., New Orleans, La.; Mess. W. Lyman & Co., Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; Lawrence E. Van Buskirk, M.D., Halifax, Nova Scotia. Mr. C. W. James, of Cincinnati, and Mr. I. E. James, of Philadelphia, are also authorized to collect for the Journal in the Southern and Western States.

Number of deaths in Boston for the week ending Nov. 14, 36.—Males, 19—females, 17. Stillborn, 1. Of consumption, 5—old age, 5—typhous fever, 3—erysipelas, 2—suicide, 1—dropsy on the brain, 2—burn, 1—diarrhœa, 1—fits, 4—infantile, 2—decay of nature, 1—lung fever, 2—fever, 1—dysentery, 1—teething, 1—palsy, 1—casualty, 1.

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence on the second Thursday of March, 1841, and continue fourteen weeks.

Theory and Practice of Medicine, by	- - - -	HORACE GREEN, M.D., N. Y.
Anatomy and Physiology, by	- - - -	ROBERT NELSON, M.D., N. Y.
Chemistry and Pharmacy, by	- - - -	JAMES HADLEY, M.D., Fairfield, N. Y.
Surgery and Medical Jurisprudence, by	- - - -	JAMES BRYAN, M.D., Philadelphia.
Materia Medica and Obstetrics, by	- - - -	JOSEPH PERKINS, M.D., Castleton, Vt.
General Pathology, by	- - - -	C. L. MITCHEL, M.D., N. Y.
Demonstrator of Anatomy	- - - -	EGBERT JANIERSON, M.D., Castleton, Vt.

Castleton, Vt., Nov., 1840.

N. 18.—1amtM&cover

JOSEPH PERKINS,
Registrar.

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A GENTLEMAN well qualified for the practice of medicine, may secure to himself a residence in a good village, in this neighborhood, vacant by the death of an elderly physician, by applying for information soon to A. B., of Springfield, Mass.
N. 11.—

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 350 Washington street, corner of Hayward place, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronise him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN, M.D.

GEO. HAYWARD, M.D.

S. D. TOWNSEND, M.D.

} Surgeons to Mass. Gen. Hospital.

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

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Boston, August 19, 1840.

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August, 1840.

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No. 16.

ON THE DISEASES INCIDENT TO PREGNANCY AND CHILD-BED.*

[Communicated for the Boston Medical and Surgical Journal.]

"Above all things I would propose,
You learn the women how to treat;
To cure their constant 'Ahs and Ohs'
Here is a Recipe complete;
A half-free, half-respectful air assume,
You have them all beneath your thumb!"—TALBOT'S FAUST.

THE gratifying reception of the republication of the former volume of this author, relating to the diseases of females, is yet present in our minds; and hardly have many risen from its perusal, ere we receive from Europe the second volume of the series, the title of which heads our article. In style and arrangement of the material, the same general order has been followed, the work being divided into two distinct parts. We like this idea of placing the French and German technical names at the head of each chapter, for though the term may be explained in the transition from one tongue to another, yet its full force will not come home to the mind except by its corresponding technical. Strictly practical in all he has to say, the author aims not merely to establish his own views, by giving those who coincide in opinion, but is generally willing to allow his opponents a fair hearing, and then lays the two before the reader, that each may choose for himself.

There is a general tendency to shun everything that looks like speculation, and simply to record what may be seen; thus the whole theory of conception, with all the experiments and theories of so many minds, is passed by unnoticed, while the actual changes it effects are minutely recorded in the Introduction, as it might be styled. Among others it is stated that the nerves of the uterus are hypertrophied, and the opinion supported by recent authorities, in a degree perhaps accounting for the tendency of this organ then to become the centre of vitality as well as irritability. It has been my lot to have met with two cases, in one of which, at least, pressure from the gravid uterus could not be assigned as the cause of loss of power of the lower extremities; in one occurring at the fourth, the other the sixth month of pregnancy; in the former, who aborted midway between the sixth and seventh month, the paralysis was confined to the right leg, and the sounds of the fœtal heart

* Observations on the Diseases incident to Pregnancy and Child-bed. By Fleetwood Churchill, M.D. Dublin: 1840.

were obtained in the groin of the same side ; in the latter, both legs were involved, but I have no data of this case by me.

With regard to the buffy coat of the blood during pregnancy, it would seem useless to deny its presence, but Magendie expressly affirms that he "had four or five gravid women bled at different periods of pregnancy, three of whom were affected with pleurisy, and yet in not a single instance did this *buff* show itself. Was the inflammatory element afraid to face me? The fact is, that I found no such thing, no matter how anxiously I searched for it." And so, too, Rasori, in the note quoted by the author, is willing to allow, that it is not so common as is usually supposed, and is often connected "with some obscure inflammatory affection." Knowing the strong, almost insurmountable obstinacy of the Irish with us, that they will be bled occasionally during pregnancy, some one favorably situated would do well to fall in with this prejudice, and carefully record the result.

Perhaps the most valuable diagnostic of pregnancy may be found in the urine ; it certainly is more to be trusted than the menses, or the discoloration of the nipple, upon which Hamilton relies, and of which we shall speak hereafter more fully. With the exception of the names given by our author, I am not aware of any who have attended to the presence of Kiestëine in the urine,* or that the question has been settled of its universal or occasional presence. On account of its importance, as well as for the sake of affording a specimen of the author's style and his research, the paragraph will be extracted.

"A very remarkable change takes place in the secretion of the kidneys in pregnant women ; the urine contains a principle which was first accurately described by M. Nauche, and which has lately received the name of "Kiestëine." It was supposed by Nauche to be the caseum of the milk secreted during gestation. At present this is merely an hypothesis. It resembles a milky cloudiness through the urine, or a thin whitish pellicle on the top—though this is obscured in proportion as the urine is deep-colored.—(*Eguisier, Montgomery.*)"

In the idea of a salutary change being effected in general diseases of the system by the occurrence of pregnancy, our author fully coincides ; and probably the recollection of every one will furnish him with cases, where the progress of phthisis itself for a time seemed checked, to end in a speedy death after confinement.

The second chapter of the Introduction treats of the general management of pregnant females, and to which none can object, unless it be, that the author does not discountenance in language strong enough the use of emetics, which even Burns allows "are apt to cause abortion ;" and the abuse of opium, not merely in its effect upon the fœtus, but also upon the mother when she has reached her "full time." Theory, at least, would lead us to presume it injurious in the former case, and recently there has been recorded in one of the medical magazines a case of death of the fœtus from opium taken by the mother. With regard to the liability of pregnant women to become infected, our author says :

* There is an article, and a very able one, I have since found, in the American Journal of Medical Sciences for August, 1840, by Dr. Golding Bird.

“They should not expose themselves to infectious disorders, which, if they should happen to catch (though they seem less liable to do so than others), they will at least be very liable to miscarry; and even though they may not be themselves susceptible of the disease, the unborn infant may suffer from it, as has been proved with regard to smallpox.”

Allow me to record an instance in this connection, and it will close this portion of our subject. C. D., a healthy, plethoric girl, aged 22, came under my charge about the end of her eighth month. Hardly two weeks had elapsed before I was called to her: found her face flushed, hot, skin dry, pulse 90, full and hard, os uteri dilated to about the size of a quarter of a dollar, complaining of intense, irregular pains in the abdomen. This state of things continued for a day or two, when the eruption of varioloid made its appearance, not very full, but an occasional spot, and she became easy. Ten days after this she was taken with labor pains, and eager was the search upon the poor babe for an eruption, but there was none, nor for the fortnight that she remained under my charge did any appear.

The following portion of this first part of the work is divided into three sections: the first embraces, diseases of the genital organs; the second treats of disorders from sympathetic irritation, viz., diseases of the chylopoietic viscera, of the circulating system, of the respiratory system, of the nervous system and senses, of the mammaræ; section third includes disorders from mechanical pressure: and thus ends the first part. Of some portions we will now speak more fully.

The second chapter of the first section upon “pruritus of the vulva,” seems wholly uncalled for, after the satisfactory article in the previous volume, except by way of paying a very high compliment to our countryman, Dr. Dewees, and to satisfy the carplings of a discontented reviewer in the *American Journal of the Medical Sciences* for August, 1839, a disciple of Dewees. The fourth chapter treats of menstruation during pregnancy, and Dr. Churchill prefaces his authorities by the following remarks.—“However strange it may appear, the cases on record are too numerous, and too well authenticated, to leave us in doubt that a discharge resembling the catamenia in color, quality and periodicity, does not unfrequently occur during gestation.” “The evidence of so many accurate observers undoubtedly establishes the point in question.” But yet there are two names, at least, worthy of some notice; more, as we think, than has been allowed them in the work before us. In his edition of the “*Introduction to Midwifery*, London, 1805,” p. 185, Denman says, “A suppression of the menses is one of the never-failing consequences of conception—at least, I have not met with a single instance of any woman continuing to menstruate when she was pregnant, though I know that popular opinion is against the assertion, and that exceptions to it are frequently mentioned by men of science.” Dr. Hamilton, of Edinburgh, in his recent work says, “The author has no hesitation in asserting, that there are two circumstances which invariably attend pregnancy during the early months, viz.—suppression of the catamenia, and a perceptible change on the surface of the mammaræ sur-

rounding the nipple, and that all the other symptoms are liable to much variation." And in another place the same author writes, "But while suppression of the catamenia invariably attends pregnancy," &c. In direct opposition to the testimony of these two, stand the formidable phalanx of Mauriceau, Dewees, Benton, Heberden, Hosack, Francis, Gardien, Velpeau, Blundell, to all of whose works respective references are given, and lastly Dr. Churchill himself, who says, "I have myself seen three or four cases of this deviation from ordinary menstruation;" thereby implying, that it would cease in ordinary cases, that is, in the majority of instances; and looking upon the instances given in the same spirit, we can only say, "*exceptio probat regulam*," and while we acknowledge that the menses *may* continue after conception, insist that they are far more frequently suppressed. In the sixth chapter we want actual data that "lunacy or syphilis," or any disease of the mother, can give rise to the dropsy of the annion, for it has long been a mooted question in our mind, whether the water of the amnion were not wholly independent of the mother. The subject demands more mature investigation, before an opinion is advanced. The seventh chapter is upon rheumatism of the uterus; and we are inclined to the opinion, that the irregular pains occurring in pregnancy are more frequently assignable to this cause than is generally known, for the presence of spasmodic pain is so frequent in all diseases during this period where the uterus is involved, that it has come almost to be considered and treated as a disease rather than a symptom. Fortunately the accuracy of diagnosis is not so important here, as in many other diseases. The last chapter of this section is upon hysteritis, in the treatment of which he advises the use of calomel till the gums are touched. The possibility of this occurrence under the existing circumstances of pregnancy, appears to be a question in the minds of some, for in the Manual of Surgery by Castle, emanating from the highest source, it is asserted, that if syphilis be present along with pregnancy, it is impossible to affect the system by mercury; but I know of no accurate tables to this end.

The second treats, as we have before said, of the disorders from sympathetic irritation, and which time will not permit us to discuss so much at length as we could wish. We cannot, however, without notice, pass over the chapter upon those most frequent accompaniments of pregnancy, nausea and vomiting, and therefore will extract from the text the sum of what is said with regard to the treatment.

"*Treatment.*—The choice of remedies will depend very much upon the constitution of the woman, upon the amount of the disorder, and upon the period of pregnancy. In slight cases, at an early period, no treatment will be necessary; and even when more severe, it may be wise often to try the effect of time, inasmuch as in a majority of cases it ceases after the third or fourth month. It is probable that when the stomach is disturbed by its contents, or the ingesta are of an indigestible character, a moderate degree of vomiting may be beneficial.—(*Denman.*) Nausea is so much more distressing than vomiting, that in such cases we are advised to give a gentle emetic.—(*Ibid., Blundell.*)

"If at any period of pregnancy the vomiting be so excessive as to

call for our interference, and the patient be of a plethoric habit, there can be no question of the propriety of venesection; but in most cases this can only be done at an early period of the vomiting, as by its continuance the patient is so much reduced as to prohibit this remedy. Manning recommends this particularly at the menstrual periods. Small and repeated bleedings are preferable to the abstraction of a large quantity at once. If venesection be objectionable, leeches may be applied to the epigastrium.

"Gentle purgatives should be given, so as to keep up a constant action of the bowels, especially if there be evidence of irritating matters being retained in the intestines.—(*Mauriceau, Davis, Blundell, Imbert.*)

"Benefit is frequently derived from counter-irritation to the epigastrium by means of a blister, turpentine, or mustard poultice.

"If the sickness be not very severe, effervescing draughts will occasionally afford relief. If necessary, a few drops of laudanum may be given with each.

"Narcotics and opiates are frequently successful, and especially after bloodletting (*Denman, Davis*); but their constipating effect must be corrected by enemata or cathartics. A very useful method of exhibiting laudanum is by wetting a cloth with it, and applying that to the stomach. Dr. Heberden states that 'the application of a piece of folded cloth, moistened with laudanum, to the region of the stomach, has been of considerable service when internal medicines of the highest estimation have proved ineffectual.'—(*Burns, Blundell.*) Or the opium may be given in an enema of starch or warm water.—(*Campbell.*) Denman has thrown out a doubt as to the effect upon the fœtus; but I have not met with any cases which confirm his view.

"Various kinds of antispasmodic remedies have been tried, but without much benefit; in fact, it would be as useless as difficult to enumerate all the remedies that have been employed, and often in vain, against this distressing complaint.

"When the ejected matter is acid, charcoal and other alkaline substances are found useful; and if these fail, acids may be tried.—(*Deweese, Ashwell, Blundell.*) Hydrocyanic acid has been tried, and successfully, in doses of from two to five drops, in mucilage, several times in the course of the day.—(*Waller, Blundell.*) Slight bitters, especially infusion of *Columba*, are occasionally beneficial.—(*Deweese.*) Spearmint tea is also recommended.—(*Manning.*) Iced water will sometimes check the vomiting, and in most cases it is extremely grateful.—(*Deweese, Ashwell.*)

"In all cases the diet should be of the lightest kind, without stimulants, and taken in very small quantities at a time, and at that time of day when the stomach is least irritable. It may be necessary to diminish the quantity to the very least sufficient for nourishment; or even to nourish patients by enemata.—(*Burns, Davis, Blundell, Ashwell.*) Some patients obtain a great diminution of their distress by preserving the horizontal position.—(*Denman.*)

"If the stomach should exhibit symptoms of inflammation, it must be treated in the ordinary antiphlogistic manner, by venesection, or

leeches and blisters—due regard being had to the state of the patient ; and the same may be employed when the liver takes on inflammatory action, as is not very uncommon.

“Should the vomiting, occurring in the latter months, be principally or wholly the result of pressure, we are advised to use bandages, so as to depress the uterus (*Smellie*) ; but this would be very hazardous (*Gardien, Capuron*) ; the same effects may generally be obtained by change of position.

“The mere enumeration of the various modes of treatment is a proof of the difficulty of combating the disease. In some cases we shall fully succeed ; in others afford some temporary relief ; but in many utterly fail. These latter cases are generally those in which the vomiting is most violent and incessant ; and by these, consequently, the patient is most injured. Exhausted by the constant effort, and wasted by the incapability of retaining nourishment, the patient has no prospect but death to herself and child. In such a case almost any remedy would be justifiable ; and one that may afford an additional chance of safety to one of the parties implicated must be hailed as a boon of great magnitude. Dr. Denman, I believe, was the first to propose the induction of premature labor in such cases ; and he says, ‘The propriety of this practice has also been considered when women have during pregnancy suffered more than common degrees of irritation, and especially when the stomach is in such a state that it cannot bear nourishment of any kind, or in any quantity, and the patients are thereby reduced to a state of dangerous weakness. Presuming that these symptoms are purely in consequence of pregnancy, it may, perhaps, be justifiable to bring on premature labor.’ Fortified by experience, we can now not only assert the ‘propriety’ of this operation, but give abundant evidence of its success. Dr. Ashwell states, ‘If, notwithstanding every remedy, the vomiting goes on to debilitate the patient, she may be reduced to a state of extreme danger ; in these circumstances, *after consultation*, we think it very justifiable to induce premature labor.’”

The details of *transfusion*, not merely as given in this book, but by all recent writers, do not appear to warrant any more expectation of success in uterine hemorrhage, from whatever cause arising, than would arise if the patient were let alone ; in fact Collins acknowledges, that in one case it proved injurious. Does not *constipation* arise too often in the earlier months of pregnancy, to come to be looked upon as the effect of pressure merely ? and in this we think our author has done wisely to take the medium course, and while in some cases it may arise from this cause, in others it must arise from “an altered state of vitality in the intestines” (*Imbert*), and by him it is so distributed.

Passing over many and important chapters, we come to the latter portion of the book, which treats of the diseases of child-bed ; and embraces, among the rest, a most important chapter upon puerperal fever, with both the opinions of a host of writers, and such data, some of them very minute, as are to be met with relative to the various epidemics, probably the most elaborate chapter in the book. In that upon vesico-vaginal fistula, we have the case recorded by Dr. Hayward (American

Journal of Medical Sciences, August, 1839) of a cure by suture. More recently there has appeared in the same Journal an interesting case of cure in the same complaint by the seton, performed by Dr. Barton, of Philadelphia, to which I shall only refer the reader, as also to another article, entitled "Case of Metritis with Epilepsy, in which separation and expulsion of a great part of the vagina and of the neck of the uterus, followed by recovery, took place, by Dr. Antonio Loughi;" and likewise to one in the Boston Medical and Surgical Journal, Vol. XXII., p. 154, by Prof. J. P. Mettauer, of Virginia. Laceration of the perineum is of much more frequent occurrence on the Continent than in England or this country, or else their statistics are prepared with a greater regard to truth than to their own credit; and we are convinced that this result will be less likely to ensue, where the directions laid down by Hamilton for its support during labor are followed, than from any awkward attempts to follow the directions of other accoucheurs; they are so distinct and to the point, that I will give them in full. "From the time that the head of the infant clears the os uteri, the practitioner is to remain by the patient, and whenever the pressure upon the external parts begins, he is to make counter-pressure every pain, by applying the right hand, without the interposition of a cloth, in such a manner as to support any part which is more than another upon the stretch. In the intervals between the pains he is to apply fine lard to the perineum and labia, in proportion to the heat or rigidity of those parts." "As the orifice of the vagina opens, and a little more of the infant's head than the swelled scalp is pressed through the orifice during the pain, he is so to arrange the thumb and fingers of his right hand on each side of the vulva, as to secure due support to those parts, while with the palm of his hand he is to press *forward the perineum towards the pubes*. If the head be large, and the parts yielding slowly, he is enabled, by this mode of applying the thumb and fingers, to retard the progress of the infant's head, as well as to support the parts with which it is forced into contact." The importance of the subject is my only excuse for the length of the extract, and if it only receive the attention it deserves, my aim is fulfilled, for the accident we are considering is more frequently the result of inattention than any unfortunate rigidity of the external organs. Nine cases treated by Prof. Dieffenbach are given in the Medical Intelligencer for May 1838, in which he relied upon the suture, and in all but one he was successful.

In the chapter of puerperal mania, speaking of the causes, "it was formerly attributed," writes our author, "to the suppression of the lochia, or to metastasis of the milk." In this connection I will transcribe somewhat from an unpublished translation of a work by Meckel, upon the terminations of the veins and lymphatics in the ducts, more as a matter of curiosity than from any practical benefit it may give, and close this already too long article.

"Often have I heard the old women and empirics say, without the least foundation, that in their opinion the return of the milk into the blood was the cause of nearly all the diseases infecting women after childbirth; and which any one skilled in the art may easily recognize, as the

effects and sequels of an inflammatory fever originating after parturition, or of cold, or errors in diet. Hence they ascribe rheumatisms, arthritic pains, ulcers in internal parts from inflammation, and many other destructive diseases, both of this kind and of the digestive apparatus, arising in pregnancy or in parturition from the impeded circulation of the blood and stagnation, or compression of the parts, as also from errors of diet and regimen, to the return of the milk into the blood, and its dispersal in the body of parturients. I have heard with astonishment physicians even declare, that diseases, arising from an acrid lymph diffusing a sour liquid through the skin in women three and four years after parturition, were caused by this retroversion of the milk into the blood. The distinctive appellation brought to us from France, '*un lait rependu*,' has rendered this singular opinion, so contrary to nature, quite interesting to females and their physicians. But this form of speech implies a physiological error, for nothing is more natural or necessary than that the milk should return from the mammary tubes into the blood; to which end and purpose nature has furnished the mammæ with such an abundance of venous vessels, that the superfluity of milk in the mammary tubes might be taken up by them from the lacteals, and carried into the veins, through which the mass of venous blood returns, and again be received into the circulation, being changed like the chyle into blood. Therefore the absorption of this bland liquid is by no means injurious, but on the contrary quite natural, and most useful to the body, if the blood previously brought to the mammæ did not labor under acrimony, and the milk with all the humors of the body were not defiled by addition of serum. In which case it would be manifestly improper to accuse the regurgitation of the milk into the blood, as the cause of the diseased constitution, and bad state of the humors, when the blood itself is the prime cause of all the evil, and by no means the milk; as if a liquor secreted in the mammæ could by its return prove injurious to the blood."

The library of no physician or student is complete without these two volumes.

J. F. W. L.

REPORT OF CASES IN THE ORTHOPEDIC INFIRMARY.

[Communicated for the Boston Medical and Surgical Journal.]

To the Consulting Surgeons and Physicians of the Orthopedic Infirmary of the City of Boston.

GENTLEMEN,—The Orthopedic Infirmary of this city, judging from circumstances, has been regularly increasing in the public estimation, from its very commencement. It now gives flattering omens of soon ranking among our most useful and humane institutions. One hundred and fifty-three patients have made application at this Infirmary within the two last years, all of whom were suffering from spinal distortion, club-feet, or other deformities of the limbs. I have divided, during this time, one hundred and one tendons for the cure of club-feet and contracted limbs. In no case has any troublesome symptom supervened. This tends to confirm M. Guerin's theory of sub-cutaneous wounds. I have now a

very considerable number of patients waiting to be operated upon. Twenty-nine cases of spinal distortion, and twenty-eight cases of club-feet and other deformities of the limbs, are now under the direction of this Institution. I am in hopes, at some future period, to be able to report to you more fully, than I now can, the results which have attended the mode of treatment I have adopted. The result of many cases might now be reported, but a sufficient time has not yet elapsed, to state positively the result of many others. Deformities of long standing, as you well know, require a long time for cure. My means of treatment have been surgical and mechanical. Whenever mechanical means alone were thought adequate to effect a cure, they have been adopted, provided there was any reasonable hope that less suffering would be experienced by my patients. In some cases, I must say, in yielding to the solicitation of my patients and their friends, I have regretted it, and had subsequently, in consonance with their full convictions, to add surgical to mechanical treatment to effect a cure.

From time immemorial, no age or generation has been exempt from pretenders to cure spinal distortions, club-feet, &c., by mechanical means alone. These pretenders have mostly consisted of machinists, who knew little or nothing of anatomy or physiology. Medical men have too much overlooked these complaints, until within a very short period—either thinking them incurable, or considering them as not coming within their province for treatment; they have quite generally recommended their patients to machine makers, who applied such apparatus as their fancy, stupidity or cupidity might suggest. The treatment of these deviations, forms of itself a distinct branch of the profession, as much as dentistry; and ought to be practised exclusively. It would be better for the medical profession and for the public at large, if the duties of the profession were more divided and sub-divided; for the same reason that the mechanic arts are brought to a higher degree of perfection, in proportion as the distinct branches of them are made the exclusive object of attention by individuals. It is natural to suppose that an individual who gives his exclusive attention to any one subject, will make greater progress in it than one who devotes his attention promiscuously to a variety of subjects.

The correction of congenital or accidental deformities of the human body requires a combined knowledge of anatomy, physiology, and the mechanic arts. Mechanism alone will seldom cure any formidable personal deformity, without the aid of surgery. Surgery alone will seldom do it, without the aid of mechanism—bandages and apparatus must usually be applied after all surgical operations. The treatment of club-feet is emphatically surgical and mechanical, and it is so understood by surgeons of the present day, and the discovery of the true principles of treating this very formidable complaint has been reserved to the present generation, and to within a very short period. It is not my intention to give a history of the treatment for the cure of club-feet. I have done that concisely elsewhere. My principal object in making this hasty communication, is to show that club-feet of long standing, and such as Dr. Mutter terms of the third degree, cannot be cured by any mechani-

cal process whatever; and if they could, it would be infinitely more painful than curing them by a surgical operation (which is almost bloodless, and gives scarcely more pain than the scratch of a pin) and the subsequent application of suitable mechanical apparatus combined. I do not pretend to say that deformed feet have not been brought into normal shape by mechanical means. I have cured many cases myself by these means alone; but they were slight cases, cases of the first degree, and in young subjects, and I fully believe that some of them might have been cured with less pain by the division of a tendon. We must be governed in some measure by the idiosyncrasies of our patients, or those of their relatives and friends. We cannot always do what we actually think for the best, but we must do what we think for the best under existing circumstances. In some of these cases, I certainly should have divided a tendon, could I have convinced my patient or its parents that it was the least painful process. It is hard to convince people that the cutting of a tendon gives no more pain than the cutting of a fingernail; and that the only pain attending a surgical operation for the cure of club-feet, consists in puncturing the skin, which is not so great as what they frequently suffer and think little of, from the longitudinal scratch of a pin—certainly not half so great as a common bleeding.

A patient was brought to this Infirmary, a lad five years old, with double varus of the third degree. He had been tortured by wearing a quack apparatus almost from birth. He was at the Infirmary about eight weeks. When he returned home, his mother stated to me that during the time he wore the quack apparatus (which was almost five years) he suffered more each day, than all he had suffered while in the Infirmary.

A little girl was brought to the Infirmary with double varus of the second degree. She had been under the surveillance of a highly respectable physician from birth. This gentleman was a friend and relative, and took great interest in his little patient. He watched the case with great care, and applied a variety of mechanical means for restoring the feet to a normal state. These he kept constantly applied from birth. At length he brought the child to the Infirmary, and placed her at my entire disposal—saying (apparently with some degree of pleasure, and I certainly was gratified by the observation) that he had witnessed my success in a sufficient number of instances to satisfy himself that his little patient could not be cured except by a surgical operation, and the subsequent application of my mechanical apparatus. I divided two tendons, I think, in one foot, and one in the other, and applied my usual apparatus. She walked fairly on the soles of her feet in four weeks, and on the fifth she left the Infirmary. Patients have usually been represented by authors as cured, when they could walk plumb on the soles of their feet, and this may be strictly true so far as the feet are concerned. The feet may be rendered perfectly straight, and still they will incline inward unless the obliquity of the whole limb is corrected. In all cases of club-foot—I think I may say all—certainly in all that have been much walked on, there is a twist of the whole limb—not only are the tibia and fibula twisted upon each other, but the thigh is inclined inward; the

articulation at the hip is probably in most instances abnormal. The head of the thigh bone and the acetabulum, I presume, have not that perfect symmetry which is found in a limb, no part of which has ever deviated from a normal state. The gravitation of the foot being turned at right angles with the leg, would alone be sufficient to produce an obliquity of the whole limb, from the diarthrodial articulation of the hip downwards. In curing club-feet, therefore, we have not only to bring the foot into a natural shape, but have the obliquity of the whole limb to contend with—not only its muscular, but its osseous structure. The muscles, if I may be allowed so to speak, must be taught a new action. This can only be done by mechanism, scientifically and judiciously applied, and adapted to each particular case.

I might bring forward many other cases, besides the two above mentioned, that have been admitted into the Infirmary—all of which would tend to show how very much less painful is the surgical and mechanical treatment of club-feet, than merely mechanical treatment alone—how much more effectual, and how inert mechanical treatment alone, has been, even in the hands and under the direction of judicious surgeons. One other case, which occurs to me at this moment, I will take the liberty to state. A child, two years old, was admitted into the Infirmary with varus of the third degree. This child had been treated mechanically from its birth for the purpose of correcting the deformity under which it labored. I divided the tendo-Achillis in both feet, put on my usual apparatus, and in four weeks, as I see by my note-book, he went home, and could walk on the soles of his feet. Of course he was not allowed to walk much—I merely saw that he could walk. The heels came down, and he could tread plumb on the floor. His father wrote to me four weeks afterwards that his child was constantly on its feet from morning till night, and could walk as well as his neighbors' children.

So much for attempting to cure club-feet by mechanical means alone.

Another case still occurs to my mind, where mechanical means had for a long time been employed for the cure of club-foot. I will give it in a concise form, as I fear I shall otherwise trespass too much upon your pages. A clergyman, from the State of New York, entered his son as a patient in the Infirmary. He was a beautiful boy, of about five years. His case was varus of the third degree. He walked entirely on the outer ankle. He had been kept in the stocks from birth. His father had spared no pains or expense for apparatus to cure his son. The poor little fellow had been tortured from birth with one apparatus after another. His father brought him to the Infirmary to be cured. In about four weeks he walked on the sole of his foot. His leg and foot are not yet in a normal state. He is now under treatment, and will be in the course of time entirely cured.

But time is required, and very considerable time, for the cure of bad cases of club-foot. Bone is to be dealt with and absorbed. The superabundance of ossific matter on the outside of the foot, in cases of varus, must be taken up by absorbents, and carried to the inside of the foot, where there is a deficiency. This is a process of nature, and requires time. I say a process of nature, and so it is ; but nature, in this

case, must be aided by art, or the work will not be accomplished. A constant pressure (not painful) must be kept up, so directed as to make a bearing upon the external surface of the tarsal bones. Where two living surfaces are made to press forcibly on each other, absorption takes place. We see this in the decay of human teeth. The pressure of one tooth upon another always produces decay; that is, absorption. In cases of club-foot, nature, an unerring engineer, carries the superabundance of ossific matter from the outside of the foot where it is not wanted, to the inside where it is wanted. In other words, the tarsal bones and the astragalus, which are in all cases of varus (the most common kind of club-foot) too thick on the outside and too thin on the inside, are brought into a state of equilibrium, by a process of nature aided by art. Art ought to imitate nature. Art is but nature better understood. Why are the tarsal bones thicker on the outside and thinner on the inside, in cases of varus? It is owing to the pressure produced on the inside of the bones, by contracted muscles. Remove the contraction by dividing the tendons of these muscles, and then reverse the order of things, by making, by mechanical means, in imitation of nature, a pressure on the outside of the tarsal bones, until absorption is produced in a sufficient degree. How long or how short a time will be required to effect this, will depend on the nature of the case, and the degree of deformity. Time, however, is required. The public and the medical profession (I mean those who have not duly considered the subject) expect too sudden and too rapid a change in the cure of club-feet. The cure of club-feet is a process of nature aided by art. No miracle is performed by curing physical deformity, although a few years ago the restoration from deformity to symmetry, which is now produced, would almost have been considered as such. Who would have believed, ten years ago, that we could go to Liverpool in 12½ days by steam?

I have merely introduced this case in connection with others to show that mechanical treatment cannot be depended upon for the cure of club-feet. The father of this boy is a literary and scientific man. He had taken pains to procure the best mechanical apparatus for the cure of his son, and had kept it constantly applied from birth. Still there was very little mitigation of the deformity, until he was brought to the Infirmary.

I have now at the Infirmary two cases which deserve a passing notice. I shall probably, at some future time, give a more particular account of them. One is a girl of scrofulous habit, of 14; both feet were turned inward to a right angle with the leg, and supinated—the soles being turned upwards; both legs were contracted to a right angle with the thighs. I divided the tendo-Achillis of both feet. This gave relief not only to the feet, but partially so to the legs. I applied a graduated apparatus to the legs, in hopes of extending them by mechanical means, warm baths, &c. All would not do. I then divided the semi-membranosus and semi-tendinosus and biceps flexor cruris, and applied the mechanical apparatus, by which I could graduate the extension to the hundredth part of an inch. This is an instrument of my own construction, as is also the foot apparatus I make use of for the cure of club-feet. The legs of this miss are now perfectly straight, the feet almost

so—she is able to stand erect without aid. This shows how important surgical operations are to the improvement of contracted limbs, of which club-feet forms one species.

I have another case under my care similar to the above—a young lady, 24 years old, beautiful and accomplished. She has never placed her feet upon the ground from birth, but has managed most adroitly to go on crutches. It is rather interesting to see her perform her locomotions. She has a pair of crutches, which take under the arms with pegs in the centre, which make a firm hold for her hands. She manages with these to move about the house, and even to go in the street, in a manner which to me is wonderful. Her feet do not come within a foot of the ground. When this young lady came under my care, the knees were contracted, so that the legs formed more than a right angle with the thighs. The feet were at right angles with the legs, being turned in and supinated. The lower extremities were short in comparison with the trunk and upper extremities, but plump and well cased in adipose substance. The lower legs had a blue varicose appearance, which has disappeared. I divided the semi-tendinosus and membranosus in both legs, and the tendo-Achillis in both feet twice. The internal hamstrings were divided about four weeks ago. The legs have come out very well. The feet give me some trouble, but I have no doubt of ultimate success. Time will show the result. In the mean time I remain your obedient and obliged servant,

J. B. BROWN.

November, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 25, 1840.

OPERATION FOR STRABISMUS.

DR. MAURAN, of Providence, R. I., operated for squinting with perfect success on the 16th inst. The patient was a young lady. This is the first time the operation has been attempted in that city or State. No instruments besides a pair of scissors and a curved probe were used. An assistant merely separated the lids with his fingers.—No surgeons will surpass those of the United States in adroitness, in these cases, as soon as they have had a little more experience.

Dr. Morton's Collection of Skulls.—In the catalogue of skulls of man, and the inferior animals, in the collection of S. G. Morton, M.D., of Philadelphia, we have been struck with the rarity of some of them, their antiquity, and their importance to the science of anatomy and phrenology. Dr. Morton is a man of industry—economical of time, and a large contributor to the stock of human knowledge. His cabinet embraces the enormous number of 929 human skulls, besides an immense number of skulls of quadrupeds, birds, fishes and reptiles. Not exactly understanding the numerical arrangement in the margin of the printed table, we are unable to

particularize. That it is a magnificent cabinet for any individual to possess, in a country as new as this in science, will not be questioned; and that it is of incalculable value to the antiquarian and the learned generally, will be acceded everywhere. At present, the whole are deposited in the museum of the Academy of Natural Sciences in Philadelphia.

Phrenological Classification.—A report of the phrenological classification of J. Stanley Grimes, by E. N. Horsford, adopted by the Albany Phrenological Society, Sept. 3d, in the form of a neat pamphlet, extremely well written, is circulating amongst the new school of philosophers. The report evinces thought and pretty extensive reading. After going over the whole ground traversed by Pythagoras, Bacon, Des Cartes, Reid, Brown, Kames, Lock, the millstone is finally let down upon the heads of Gall and Spurzheim. It not being legitimately the province of a medical journal to keep the world clear of scientific monstrosities, the Philadelphia gentlemen who manage the *Phrenological Journal* will doubtless look after the report. The discovery is made that Mr. Grimes's Classification is founded in nature—and that is enough. After a further analysis of the report, another observation or two may possibly be made in relation to it.

Connecticut Medical School.—In the catalogue, recently received, we notice that fifty-two medical students had been matriculated when the list was published. Probably many more have entered the school before this. The course of instruction and the facilities for anatomical knowledge are excellent.

Berkshire Medical Institution.—The annual commencement took place on Wednesday, Nov. 4. The exercises consisted of the reading and defending of their theses by the candidates; a discourse by President Hopkins, of Williams College; conferring of the degrees, and an address to the graduates by the President of the Institution, Dr. Childs.

Dr. Childs noticed in an appropriate manner the afflictive dispensation of Divine Providence, in the removal, by death, of Mr. W. S. Holmes, a student of the Institution, and Dr. David Palmer, Professor of Chemistry and *Materia Medica*. He spoke of the character of Professor Palmer as a man distinguished for his literary and scientific attainments, a useful and highly respected practitioner, and an exemplary Christian.

There were twenty graduates.—The following gentlemen received the honorary degree of Doctor of Medicine:—Drs. W. W. Reed, Rochester, N. Y.; J. B. Cowles, Middletown, N. Y.; J. R. Gay, Montville, Ct.; J. Powers, Woodstock, Vt.

Gross's Pathological Anatomy.—Mr. James B. Dow, publisher, Washington street, has this excellent work entirely to himself, and those who are not the owners of a copy will recollect that it is now to be had at his store. It is almost indispensable to those attending medical lectures. The plates of some of the last bound volumes are exceedingly beautiful.

Locations for Practice.—Letters relating to places offered for sale, and those of applicants wishing to find locations for entering into immediate

practice, have accumulated so fast at this office, that were we to attempt answering them all, pro and con, between both parties, there would scarcely be time for transacting any other business. We invite all who are interested to call at the office and examine the list of places and applicants.

Vexatious Postage.—MR. EDITOR,—Your last No. of the Journal notices a new series of the American Journal of Medical Sciences about to be issued. How did you ascertain the fact? Did the publishers send a prospectus charged at letter postage? One was sent to me, and although it was gratifying enough to be informed of the circumstance, I do nevertheless protest against the imposition. Publishers sending out their circulars ought to pay the postage, as they are to receive the benefit. C.

Medical Society of Tennessee.—This Society at its meeting in May offered a premium of \$50 for the best Essay on *Bilious Fever*, to be submitted under the following circumstances:—

“Dissertations on this subject must be transmitted, post-paid, to Samuel Hogg, M.D., Nashville, Tennessee, on or before the 1st Monday in March, 1841.

“Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be endorsed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

“All unsuccessful dissertations are deposited with the Corresponding Secretary of the Society, from whom they may be obtained if called for within one year after they have been received.”

The committee appointed to read the dissertations and award the prize, consists of Drs. Felix Robertson, Thomas R. Jennings, and J. H. Atkinson, of Nashville.—*Western Jour. of Med. and Surg.*

ERRATA.—In Dr. Paine's Reply, p. 221, 32d line from top, for *illusion* read *allusion*; p. 235, line 17, place a mark of quotation after “*dedicated*”; p. 237, line 20, for *physiological* read *pathological*; p. 238, in the note, for 1824 read 1834.

Number of deaths in Boston for the week ending Nov. 21, 31.—Males, 18—females, 13. Stillborn, 3. Of consumption, 4—scarlet fever, 2—typhoid fever, 4—casualty, 1—infantile, 3—old age, 2—intemperance, 2—croup, 1—disease of the brain, 1—hooping cough, 1—dropsy, 1—lung fever, 2—burn, 1—tumor, 1—delirium tremens, 1—dropsy on the brain, 1—diarrhœa, 1.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2. to \$7, according to size. Perineum straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov. 25.—2w&1am6m.

A. F. BARTLETT,

Agent for JOHN R. CHAPIN, M.D.

A PHYSICIAN,

Who has been in practice twelve years, located in one of the most flourishing villages in New England, having a good share of practice, wishes to dispose of one half of his buildings (which are new and particularly designed for two families), to a physician with whom he wishes to be associated in business. None need apply without good recommendations. To such a one a great bargain will be given, and immediate possession. One who has had some years' practice would be preferred. Address the editor; if by letter, post-paid.

Nov. 25.—

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

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DR. J. I. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

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SURGICAL INSTRUMENTS,

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ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately. A. 26.—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXIII.

WEDNESDAY, DECEMBER 2, 1840.

No. 17.

DIVISION OF THE MUSCLES OF THE EYE FOR STRABISMUS.

BY J. H. DIX, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

Division of Internal Rectus.

OCTOBER 16, 1840. Miss Mary M. C., æt. 23, of Boston, has squinted from birth with both eyes, the left being more decidedly turned in, the edge of the cornea of which frequently reaches the inner canthus. She can on closing the right, turn the left out nearly as far as the other, but cannot keep it fixed there. Vision has always been weak, and she is conscious that this eye does not assist in seeing.

Drs. Reynolds, Jeffries, Hooper, Bethune and Charles Ware, were present. The eyes being small and the patient very timid, I found it necessary to control the globe by fixing a double hook through the conjunctiva into the tunica albuginea about a line and a half from the edge of the cornea towards the inner canthus. By this means the eye being fairly everted, a fine, sharp hook was passed through the conjunctiva, and an incision made about half way between it and the double hook. A blunt hook was brought under the muscle, and a division made with scissors in the muscle about half an inch from the cornea, which Mr. Guthrie, whose large experience renders his authority decisive, says is preferable to a division of the tendon. On opening both eyes after the trifling hemorrhage had ceased, the left eye is observed to be straight, the squint of the right being as before. Apply compress wet with cold water. Keep both eyes covered.

17th. No pain, but complains that the eye feels heavy. Bandage removed.

22d. There is a considerable fungous growth from the place of the incision, which is cut off with scissors.

30th. Miss C. has been working at her trade as a tailoress for several days past, and says that after the day's work she finds the eye somewhat turned in. In the morning it is straight. The fungous growth has re-appeared, and requires to be touched with nitras argenti.

Nov. 18. Since the last date Miss C. has been obliged to apply herself sedulously to sewing, and the eye is turned in somewhat, a little more perhaps than the right, with which, as was at first stated, she squints a little. Still the eye is by no means so much turned in as before the operation; she has the privilege, as she terms it, of turning it out when she pleases, and finds it serviceable to vision, until it is fatigued by long use. She proposes to have the muscle re-divided when she has an op-

portunity of resting the eye for a time. The fungous growth has at length disappeared, and the redness at the inner canthus has diminished.

Division of Internal Rectus.

Oct. 16. Mrs. I., æt. 26, of Boston, squinted with the right eye at nine months of age, immediately after hooping cough. The squint is very decided, a portion of the cornea being hidden at the inner canthus. Drs. Doane, Dale and Parkman being present, the operation was performed as in the preceding case, except that the patient possessing considerable fortitude, I dispensed with the use of the speculum and the double hook, with which in the first case the eye was turned out. She kept the eye steadily everted a little towards the outer canthus. On removing the instruments the eye was found to be perfectly straight, and capable of turning inward very little. Compress wet with cold water to be constantly kept on the eye, both being covered at the same time. Light diet.

18th. Mrs. I. suffering no pain, and having had none except for about 18 hours after the operation, and then not severe, I directed the eyes to be uncovered.

20th. Has had some pain, about as much as immediately after the operation, which may perhaps be attributed to her getting chilled by exposure to the night air while looking from the window at a fire. Renew application of cold water. Sulph. magnesia, 3i.

21st. Eye comfortable. At several times since the operation she has had double vision for an hour at a time, but she has not observed it for three days past. Vision is much clearer and stronger than before the operation, and the only difference perceptible in the eyes, which are both perfectly straight, is that the right cannot be turned to the inner canthus quite so far as the left.

Nov. 22. Eyes perfectly straight and motions of both parallel, the right having a farther movement inward than immediately after the operation.

Division of Internal Rectus of both Eyes.

Oct. 17, 1840. Miss Sarah H. of Boston, squinted from birth with both eyes, very badly with the left. On September 9th, I divided the tendon of the internal rectus, which was followed by an amendment of the squint, which, however, after a few days, partially returned, and though now the cornea of this eye is not so far turned in as before, she at my request submits to a second division of the muscle. With the assistance of Mr. Stone, who held the lids open without using a speculum, I operated as in the former cases, omitting the double hook. Miss H. kept the eye steadily in the required direction, and upon removing the instruments and opening the other eye, this one is found to be perfectly straight. Right eye to be bandaged and the left turned outward.

Oct. 22. The left eye continues to be perfectly straight, and she has control of its motions in every respect, except that she cannot turn it quite so far into the inner canthus as the right, which squints somewhat inward. The wound has healed, leaving a very slight thickening and redness of the conjunctiva.

Miss H. having expressed a wish to try the effect of the operation on the right eye, I performed, in presence of Drs. S. Keep, Dyer, Dale

and Salisbury, the operation as in the case of the other eye, except that the tendon of the muscle was divided near the globe. There was an immediate amendment of the squint, but not so complete a restoration as in the other eye. Left eye bandaged.

Nov. 23. Vision is much stronger than formerly, owing, I presume, chiefly to an improvement in the left eye, which, as well as the right, continues as last described; one straight, the other slightly turned in. All redness has disappeared from the left eye, and the place of the incision is observed only on close inspection.

Division of the Internal Rectus and Superior Oblique.

Oct. 23, 1840. Wm. Augustus S. æt. 18, of Salem, when 4 years of age had an inflammation of the right eye, during which the eye was for a long time kept bandaged, and acquired a strabismus convergens. Now the eye is so far turned inward as ordinarily to conceal not only the pupil, but nearly the whole of the cornea, it being in short the most decided inversion I have ever seen. Vision with this eye is exceedingly indistinct, patient affirming, at first, that it was blind. On further investigation, it seems that he can just discern the outlines of large objects with this eye, at the distance of six feet. The loss of vision is partly to be accounted for by a slight opacity on the upper part of the cornea, but probably depends much more on the entire disuse of the eye for fourteen years. He can, by an effort of the will, turn it out nearly in front, but cannot retain it there more than a few seconds. It was therefore necessary to evert it by means of the double hook, the operation being in every respect like that in the first case. Drs. Channing, Putnam, Morrill and Hooper, and Dr. Gustine of New Orleans, were present. Patient fainted as soon as the division of the rectus muscle was completed. On his recovery the eye was found to be considerably less turned, but still not straight, the squint being perhaps diminished one half. With the approbation of the gentlemen present, I then proposed the division of the superior oblique muscle, to which the patient assented. This was easily accomplished, without enlarging the incision or using the double hook, the eye being now sufficiently everted by the voluntary effort of the patient to bring the incision fairly in view. Passing the blunt hook under the conjunctiva at the upper extremity of the incision, it was readily brought round the tendon of the superior oblique, bringing it fairly into view, so as to be divided with the scissors. The eye immediately inclined slightly outward. He has still the power of turning it a little inward. A compress wet with cold water on the right eye; both eyes to be kept shut.

Oct 27th. Has had no inflammation beyond the limits of the incision, which seems to be occupied by one large, smooth granulation, not sufficiently prominent to give him uneasiness or to require any application. He often speaks of the increased ability of seeing objects on his right by the aid of this eye, the vision of which he thinks is improving. He is, however, obliged to cover it when exposed to a strong light, an intolerance which must be owing to the continued absence of it, and will gradually abate. The eye is straight, and the axes of the two parallel, except, when he is looking far to the right, when the right eye inclines a

little to the outer canthus. He returns home, with direction to close the left eye occasionally, and exercise the right, especially in the rotation of it inward; a motion which he can perform to a much greater extent than could be expected after the division of these two muscles.

Nov. 18th. I have not seen Mr. S. since Oct. 27th; but now learn, from his father, that the eye is perfectly straight, and more tolerant of light, though still red at the inner corner.

Division of Internal Rectus.

Nov. 5th. Miss Margaret M., æt. 24, of Boston, 17 years ago had measles, followed by disease of the eyes, after which it was observed that both eyes squinted, the right very badly. Her mother thinks, that in consequence of close application as a pupil, and afterwards as a teacher in school, the squint has been gradually growing worse. Now the right eye is turned so far in, that the edge of the cornea is usually hidden at the inner canthus, though it can be brought out at pleasure. Vision from this eye is not so good as from the left.

Drs. Perry, Wiley, Bartlett, Bethune and Dorr were present. The lid was raised without a speculum, and the eye sufficiently everted by the patient to render the double hook unnecessary. The conjunctiva and cellular tissue, raised by the small sharp hook, were divided at one incision, with a small and slightly-curved knife. At the suggestion of Dr. Bethune the lid was now suffered to close for a minute, the hook of course being removed from the conjunctiva. Upon raising the lid, the muscle was reached with the blunt hook as easily as in the preceding cases, and divided with the scissors. The eye became immediately straight. She has the left eye now bandaged, and is directed to turn the right eye frequently out, no application whatever being made to it.

This operation occupied not more than three minutes, including the time that the lids were closed, and was, I believe, less painful than usual, in consequence of removing the sharp hook and closing the eye before the muscle was taken up on the blunt hook. The curved knife is preferable to the straight one, inasmuch as a larger incision may be made with one cut, and when the lid is raised without a speculum, the curved knife is brought out at the upper part of the incision without interfering with the finger of the person who raises the lid.

6th. A slight tendency outward in the right eye, which may yet be turned in by an effort of the patient. Very little pain, but a heavy sensation in the eye. To-day the eye operated on to be turned in as far and as often as possible.

7th. Eye straight, and to be left to itself uncovered. Double vision yesterday, and occasionally to-day.

17th. A slight inclination inward. Left eye to be bandaged, and the right turned forcibly out.

24th. The eye is now again straight, and has been so since last date. The wound in the conjunctiva is nearly cicatrized.

When speaking of an eye as perfectly straight, it is not meant that looking in some one direction, as, for instance, far to the right or left, a trifling want of correspondence in the axes of the eyes may not be detected by a close observer; but that, looking as the person ordinarily

does, at objects in front of him, the cornea is midway between the inner and outer canthus, looking forwards. With this understanding, the results of the above six cases may be thus stated. In four the squint is removed, in two it is essentially improved. In every case vision is benefited more or less. In one of the successful cases a second division was made; and in one of the two partially successful cases, the operation is to be repeated. The speculum was employed in three cases, and in three the lids were raised by the finger of an assistant. In two cases* the double hook was used to evert the globe, and in four it was dispensed with.

DR. PAINE'S REPLY TO H. I. B.—No. V.

DR. BOWDITCH “denies entirely the truth of the assertion, that Louis or the numerical school do make pathological anatomy a *paramount* guide in pathological inquiries; and Dr. P. must know little of the matter when he accuses Louis of thus using it.”—(P. 78.)

Here the reader will see an involution which has been more directly presented in other places, viz., that of making me extend my premises which relate alone to M. Louis, to the whole “numerical school,” and thus, also, to maintain the imputation of confounding the anatomical with the numerical school. The statement, however, falls, of course, under the denomination of all the others. But, let me in the first place say, that it may be far more correctly affirmed of the anatomical than of the numerical school, that the former does make “pathological anatomy a *paramount* guide in pathological inquiries.” This is notorious the world over; and it is so emphatically true of M. Louis, that nothing evinces the assurance and folly of Dr. B. more clearly than its denial. It was the great object of my Essay on the Hippocratic and Anatomical Schools to show the advantages of the former in making anatomy subservient to the vital phenomena of disease, and to indicate the evils which have resulted from the opposite system, and from which the latter school derives its very name. In respect to M. Louis, I had mainly in view, as I have already said, a *practical illustration* of the sad results of “making pathological anatomy a *paramount* guide in pathological inquiries;” and as to his “numerical method,” I was scarcely concerned (and only in three pages) about that stupid affair. “It is as mechanical,” says M. Double, “as the employment of a shoemaker.”

But, let us have something directly to the point,—something from the *master* himself, be he anatomist or numeralist. In the work on Phthisis, Louis thus lays down the doctrine:—

“We have divided our work into two parts, and since ANATOMY IS THE STRONGEST SUPPORT OF PATHOLOGY, we have commenced the analysis of our facts by a general description of the *visceral lesions*.”—(*Preface*, p. 70. *My capitals and Italics*.)

* In one of these cases, it may be remembered, it was used only to evert the globe previous to the division of the internal rectus, the superior oblique being divided without it, after the division of the first muscle had enabled the patient to turn the eye partially out.

I have also copied the foregoing declaration from Dr. Bowditch's "revised and altered" edition. Again, practically :—

"We must infer that it is in this last lesion (the glands of Peyer), and *not in any other*, that we must look for the cause of the *delirium*, and more especially of the *somnolency*," in typhoid fever.—(*On Typhoid Fever*, Vol. 2, p. 132.)

The foregoing anatomical doctrine runs through the works on Phthisis and on the Typhoid Fever. In the Essay devoted to the writings of M. Louis are hundreds of extracts setting forth his generalizations which were founded upon the "debris of the body." No small part of Europe has been long at war with him upon this subject. The contest began very early, and that distinguished philosopher, Dr. Jackson, wrote several years ago, after the following manner :—"It is objected by some to the labors of M. Louis, and others of the French pathologists, that they labor, indeed, with ardor on the subject of *diagnosis*, that they study with the zeal of entomologists to *discriminate minute changes of structure* in the various textures of the human body, but that they *do nothing* to advance the proper business of the physician, the art of healing. Their therapeutics are decried, as showing an ignorance of what has been thought certain in England and in this country ; and they themselves are regarded even as indifferent to this branch of science."* (*My Italics.*) This was Armstrong's opinion, who says,—“They (the French) seem as if their only object was to find out the disease without any reference to its relief or cure.” And how find it out ? Hear Armstrong again :—"I trust the facts of the French, but I receive them with great caution. They have just burst from the old system of pathology, and seem to me to draw *conclusions too general from a few facts.*" And have I not shown this, most extensively, in regard to M. Louis ? What was Laennec's doctrine ?—"Pathological anatomy," he says, "is incontestibly the surest guide of the physician, either in the *recognition* of maladies, or in the *cure* of those which are susceptible of cure." Andral may be said to personate morbid anatomy as much as M. Louis, and it is from the dead-house that he has exploded inflammation as a disease. Hear Mr. Travers :—"I am desirous," he says, "to guard myself from the imputation of being in the slightest degree *tainted* by the heresy of the French school, that there is *no such reality as inflammation* ; that 'it is an old-fashioned coin, of which the impression is effaced, and that it ought now to be withdrawn from circulation.' (*Quoting Andral.*) If the study of diseased actions had gone hand in hand with that of diseased structures, it is impossible that such a doctrine could ever have been advanced. Out of the debris of the dead subject, however accurately inspected, examined and arranged, to attempt a solution of the great problem of living actions, and to build upon such a foundation an edifice of pathology of self-support, is as injurious a fallacy, and scarcely less arrogant or absurd than that of the Cartesian Philosophers, who undertook, out of the depths of their anatomical sagacity—to make a man." "The effect of morbid anatomy

* Jackson's Preface to Louis on Bloodletting, p. 25.

holding the first, and only place in the mind of the medical inquirer, is to substitute effect for cause, the laws of physics for the laws of life, to confound the cause of death with the cause of disease, and in short to obscure by attempts at simplification."

This is what I have taught in my Essay upon the schools, where I have endeavored to give to morbid anatomy its legitimate importance. That importance will be gathered from the whole Essay, and not from an isolated remark. I have now quoted Mr. Travers for the purpose of exhibiting a perfect portrait of M. Louis's work on the Typhoid Affection. My Essay presents the original, from which the foregoing semblance may be supposed to have been taken in shadow. It is useless to talk of M. Louis's detail of symptoms. The most that he makes of them, is to assume them as indicative of the primary seat of the disease in a structural lesion of Peyer's glands, as set forth in my Essay at pages 716, 798, &c., whilst my author, as shown at p. 790—797, generally gathered a knowledge of the early symptoms from the patients themselves, or their no less squalid companions.—(See p. 773.) This is fully allowed by Dr. B., who turns aside its obvious application by the remark,—“Suppose Dr. Paine had been the observer,—how would he have learned about the previous history except from the patient and his friends?”—(P. 108.)

Now, in the first place, Dr. Paine objects to taking this class of patients (especially from Parisian hospitals), for the purpose of supplying any useful facts in pathology, and he has given reasons for it. Their constitutions are wretched, their treatment worse, and they are full of organic lesions before they enter the Gallic institutions. As Armstrong, Travers, &c. imply, they are then mostly looked upon as good subjects for the dissecting knife; nor is this ever lost sight of by my author. But, Dr. Bowditch's admission, or interrogatory, amounts to no justification. It leaves the subject just where I had placed it, and shows the absurdity of taking the preliminary symptoms as a true source of knowledge as to the primary seat of the typhoid affection, and, therefore, that my author was fundamentally wrong in putting forth a doctrine which has been at the foundation of his celebrity. It often happened, too, that my author could get no account of the preliminary symptoms.—(P. 790.) Nor should it be forgotten, in allowing my author so much credit for the Hippocratic mode of observing nature, that the typhoid patients were generally severely sick for many days before they took up quarters at La Clarté, and were sometimes “*a little delirious*” when supplying the important details for the benefit of science.

Now, although I have made all the foregoing perfectly clear in my Essay, yet, as I can only lay certain parts of it before my reader, I will give him the *quod erat* in words of my author, which, on account of the clearness of my demonstration, I did not think proper to introduce into my work. I endeavored to avoid what might seem supererogatory. Thus, then, my author:—

“Physicians not much conversant with hospitals, or who seldom practise among the laboring classes, will not readily give credit to these remarks; but those differently situated are aware that, whether it be from

indifference, or dislike to hospitals, patients *seldom enter until quite late ; even when their diseases have been very violent from the beginning.*"*

So much, then, as to tracing the primary seat of the Typhoid Affection to an anatomical lesion of Peyer's glands, and the value of such subjects for important scientific and practical purposes.

What I have said of my author's symptomatology, I have substantiated out of his own works, and this in all parts of my Essay. I remark that,—“Our author's philosophy is necessarily concerned about *symptoms*, so far as they are important in showing that the disease began in the intestinal canal, and were significant of a primary lesion of the glands of Peyer. This is of vital moment to the hypothesis as it respects the foundation of the disease, and of the entire superstructure.”—(P. 790.) “All the rest reposes mainly upon the *color* of the parts, *red* and *white* being the standards, and as other shades may approach either of the foregoing, they are appropriated accordingly.” “Our author's ‘Remarks’ upon every case consist especially in speculations about the various colors which were observed.”—(P. 798.) This is true, and this is the test. His “Remarks,” which go to form his pathological conclusions, are almost entirely concerned about the “*debris of the body*,” with the exception of those preliminary symptoms which he got from the patients, their friends, or not at all. Nevertheless, I fully, and repeatedly allowed, in the course of my demonstration, that, “although our author does not take into account the vital signs in making up his principles and generalizations, he has supplied a *memorandum which others may employ*.”—(P. 716.) So obvious have I rendered all this, that my able New-York Reviewer, of whom I formerly spoke, manfully takes the broad ground of Morbid Anatomy.

But, suppose it had been otherwise, and my author had taken the vital phenomena, along with the cadaverous decompositions, into his pathological conclusions, what were such subjects worth, and what the value of his generalizations? There is not one case, in my opinion, which was worthy of record, and this opinion I have placed deliberately before the world for what it is worth.

The foregoing subject will continue to be more or less under review, and I may now remark that if anything in the way of proof can bear upon a question, it is, that the fact of my author's having made all the anatomical lesions and all the symptoms, in the typhoid affection, to revolve about the structural lesion of Peyer's glands, proves, beyond controversy, that my author is a “*dead-anatomist*.” But more of this hereafter; and, in the mean time let us hear Dr. Lewins as to the anatomical school:—“I have often thought,” he says, “that our most eminent pathologists sometimes appear much more desirous of having an opportunity of dissecting the bodies of the dead, than anxious to make any practical application of their post-mortem examinations for the benefit of the living.” Nor may it be amiss to quote M. Ribes in my behalf. Thus:—“*The time will come* when physicians will feel that they have been very justly censured (*qui ils étaient mépris*), for having

* Louis on Bloodletting, p. 7.—Putnam's Translation and Punctuation. Boston, 1836. *My Italics.*

thought that pathology consisted exclusively in the study of organic degradations, and that they merit the same reproaches which they have bestowed upon others for confiding in the symptoms alone.”—(*Anat. Path., &c., Pref., p. vii.*) To whom does Dr. B. suppose that all the foregoing authors refer? This, however, is but that circumstantial proof which consists in universal opinion. I go back, therefore, to the more direct, and will have something more of the internal nature.

Dr. B. offers the alternative of choking me with a “falsehood,” or with having read my author in a blundering manner. Not choosing to avail myself of either, it only remains for me, as hitherto, to impale him on both horns of his “dilemma.” I protest, however, against all imputation of a proper want of generosity. My reader will yet see that no opportunity has been left for its exercise.

Dr. B. quotes me accurately in the following manner:—“Our author, for instance, has no conception of disease which he cannot trace out through some lesion of structure; and when he endeavors to *insinuate* the belief that diarrhœa cannot exist ‘without *appreciable lesion* of the intestinal mucous membrane,’ he fears that his hypothesis may find some opposition from analogies supplied by the natural conditions of the body.”—(P. 695.)

My critic then remarks that,—“Our readers would scarcely believe us if we were merely to state that all this is radically *false*” (p. 91); (*my translator's Italics*); and, after quoting and re-modelling the translation, proceeds to force an induction that I had really affirmed that M. Louis had positively denied, in this place, that “diarrhœa could exist without appreciable lesion of the mucous membrane.” But, although I have stated exactly the fact in this particular instance, I have shown, from my author's work on the typhoid affection, that he does deny the independence of diarrhœa, in that complaint at least, of structural lesion.

I shall now present the whole paragraph which has been quoted by Dr. B., but not according to his new version. I quote from Cowan's translation of the work on Phthisis, “revised and altered” by Dr. Bowditch, and which I formerly employed. Thus:—

“‘Let us remark, that these copious perspirations indicated disorder in the functions of the skin, as remarkable by its intensity as duration; that this disorder, whether sympathetic or otherwise, was not the less positive, and existed without any sensible change of structure in the organ itself; and that thus a function may be more or less modified during a long period of time, while the organ on which it depends offers no appreciable change of structure. We may also observe, that while facts are wanting to *prove* distinctly that diarrhœa may exist without appreciable lesion of the intestinal mucous membrane, we may presume this to be the case, from the analogy existing between diarrhœa and more or less profuse perspiration. Of this we cannot be positive, for in our opinion, analogy is only useful to point out fresh subjects for investigation, to lead us to the discovery of facts, but never to supply them. Were it otherwise we might conclude that a thing really existed because it was possible, which is absurd.’”*

* On Phthisis, Sec. 259.

The words in Italics embrace the question at issue,—the word “*prove*” being in Italics in the original but not in the new version; which shows the *quo animo* of my translator at the time of each “revision and alteration.” In my work occurs the following quotation, preceded by—“He therefore says,” which is left out by Dr. B. as well as the source of the quotation from my work. Thus:—“He therefore says,—

“‘We may presume that it may exist without, from the analogy existing between diarrhœa and more or less profuse perspiration.’ But, ‘*of this we cannot be positive*; for in our opinion analogy is *only useful to point out* fresh subjects for investigation, to lead us to the discovery of facts,’ &c.”—(P. 695.)

The first words in Italics are translated anew by Dr. B., “we do not say that this is proved.” Now, taking this extract alone, my statement is fully made out to be perfectly just,—viz., that, “when he endeavors to *insinuate* the belief that diarrhœa cannot exist ‘without appreciable lesion of the intestinal mucous membrane,’ he fears that his hypothesis may find some opposition from analogies supplied by the natural conditions of the body.” But, I might have made my case stronger, in my Essay, by quoting in this place the sentence immediately preceding, in which the word “*prove*” occurs in Italics. And, when the reader regards the little importance which is here attributed to analogy, and that the question is thus turned aside for *fresh investigation*, I should have drawn even a more “rigorous conclusion” than that my author had “*insinuated* the belief,” which he carries out in his work on the typhoid fever,—whatever concessions he may have incidentally made in behalf of functional disease (as I remark in my Essay), for the apparent purpose of more effectually establishing the anatomical doctrine by the occasional, but very equivocal, manifestation of impartiality.—(Pp. 703, 704, 708, 716, 766, 790, &c.) Can anything have been fairer, however provoking?

As to the affirmation, that, “Our author, for instance, has no conception of disease which he cannot trace out through some lesion of structure,” that is of a general nature, as was well understood by Dr. B., and refers to a vast amount of proof which I subsequently offer to that effect. I was employed in the foregoing instance in showing how my author objected to analogy in the hands of others, and how well he could employ it himself; and, in the course of these remarks I stated, what it was a special object of this Essay to illustrate, that, “the whole of our author’s stupendous fabric reposes upon morbid anatomy, and upon reasoning from the *dead* ‘to the *sick* himself.’”—(P. 698.) It is the proof upon proof which I have offered, embracing a great part of the Essay, at which my critic is annoyed, and therefore hoped to show by the foregoing incidental quotation that M. Louis had been really misrepresented upon this fundamental point. It was one of my constant objects, also, as I have said, to exhibit my author’s contradictions, and I have repeated comments upon the subject. It was one of my motives, in allowing by the foregoing quotation that M. Louis left it doubtful whether or not diarrhœa took place “without any appreciable lesion of the in-

testinal mucous membrane," to contrast the *doubt* with the *certainly* which is expressed in the following quotation. Thus:—

"At this period, in fact [the *commencement*], the *elliptical patches* were, if not in all, at least in *nearly all* the cases, the only part of the canal which was diseased, and consequently, *THE ONLY PART* to which the *DIARRHŒA* could be referred."—(P. 758.)

Now, this looks to me, without my other voluminous proof, a good deal like denying that diarrhœa can arise from mere functional disease. This occurs where I am employed in showing by 35 quotations that my author refers all the lesions of structure, and all the symptoms, in the typhoid affection, even those of the brain,* more or less directly to the altered anatomical structure of Peyer's glands. But, if the foregoing do not satisfy my critic, let him take the following:—

"Although the diarrhœa was *very great*, the mucous membrane of the colon presented *no evident traces of inflammation*, inasmuch as the thickening may be considered as the consequence of the *reaction occasioned by the meteorism*; so that the *alteration of the patches* of the small intestine was doubtless in a great measure *the cause* of the abundance of the alvine discharges.' "†—(P. 712.)

Here, then, are laid down several great principles. 1st, that inflammation, or "an appreciable lesion of the intestinal mucous membrane," is *necessary to diarrhœa*. 2d, that thickening of this membrane, unless it be *red* (which is meant by M. Louis, no matter how a "profuse diarrhœa" may overcome the redness), is not owing to inflammation. 3d, that such a thickening is a consequence of the reaction of the meteorism! at least "in a certain number of cases." 4th, that, in the typhoid affection there is a specific lesion of structure for the diarrhœa, namely, "a specific alteration" of Peyer's glands.—(See M. Louis, Vol. 2, p. 419.) 5th, that, in the typhoid fever, at least at its commencement, the diarrhœa proceeds from the altered structure of Peyer's glands. 6th, the whole induction, as to the primary seat of the disease (being a fundamental object of M. Louis's treatise), is shown by these extracts, as in numerous other instances, to have been founded on the vague information which he got from the squalid victims of a Parisian hospital, and who, according to my author's own statement, "*seldom enter until it is quite late; even when their diseases have been very violent from the beginning.*"

The structural lesion of Peyer's glands being the pivot about which

* M. Louis, after enforcing his anatomical doctrine, that all the symptoms and structural lesions, in the typhoid affection, should be referred directly to the anatomical lesion of Peyer's glands, but supposing that all may not concur in his views, is peremptory as to the cerebral. Thus:—"We must, moreover, remember that if the great part of the symptoms are explained by the *state of the organs with which they are connected* [referring to the possible views of others], this is not the case with the *delirium*, which we cannot explain by the apparent state of the brain; [no anatomical doctrine this;] that, *more than any other symptom*, it seems to be dependent upon the small intestine, in the typhoid affection, so that it appears that its treatment, ought not to differ from that of the specific alteration of the small intestine."—(On Typhoid Fever, Vol. 2, p. 418.) And thus, in my Essay,—"Nor should it be forgotten, that, in nearly all our author's fifty cases, there was either *injection, softening, an accumulation of serum, or some other unnatural appearance* in the brain. 'The pia mater,' says our author, 'was injected in a little less than half the cases'; 'the medullary substance of the cerebrum was more or less injected in all the cases excepting seven'; and the cerebellum was only 'more frequently in a healthy state than the cerebrum, and when it was not so, it generally was affected in a similar manner and in the same cases.'"—(P. 762.) So much for my author's morbid anatomy.

† My Italics, as they generally are when not otherwise indicated.

the whole machinery revolves, I will here present another example, in which my author endeavors to strengthen his induction as to the dependence of the diarrhœa upon that lesion, and in which is involved one of his constant conclusions, either direct or indirect, that there can be no disease without a lesion of structure. It is also an example of the multitudinous instances in which he establishes "important laws" upon the "debris of the body," and shows how far Dr. B. has correctly informed his readers in contradicting my statement that "pathological anatomy" was mainly the ground of my author's pathological conclusions. I must, however, in the first place, quote my author's premises, which immediately precede the extract in question. Thus:—

"Of all these lesions only one was constantly found, namely, an *alteration of the elliptical patches* of the small intestine, to which may be added a morbid change in the mesenteric glands. I have considered it as *inseparable* from the disease we are now studying, and as absolutely forming its anatomical characteristic." "I must conclude *the lesion of the elliptical patches began at the commencement* of the disease. Although the *other lesions* must be considered as *merely accessory or consecutive*, still they commenced often quite soon after *the principal disease*"—[that is to say, the lesion of Peyer's glands]. "The anatomical characteristic of typhoid fever becomes still more manifest by the comparison of *the lesions* previously given, with those presented by individuals who died in consequence of other acute diseases." "But these frequent lesions of the mucous membrane of the alimentary canal and of a variety of other organs, in patients who died of acute diseases of any nature, prove that when an affection of this nature gives rise to a febrile excitement of any duration, the majority of the organs of the body become the seats of more or less serious lesions."—(*M. Louis, Vol. 1, pp. 381, 382.*)

Now follows immediately the extract contained in my Essay:—

"6. 'The *mucous membrane* of the alimentary canal [in the typhoid affection] is not oftener, in fact is less frequently, diseased than some others, the spleen, for example, which was more or less seriously changed in all the cases of the typhoid affection excepting *four*. This is an IMPORTANT LAW, and it may tend, as it appears to me, to *simplify much the STUDY OF PATHOLOGY*. This is what we ought, perhaps, to have discovered A PRIORI'!—(See p. 682, *Sprengell*, and what our author says of "*a priori*" reasoning, p. 680—681.)"

Upon this extract I remarked,—"This is also a striking exemplification of our author's disregard of the symptoms of disease, and that the whole of the pathology consists in lesions of structure: since, in all the fatal cases of the typhoid affection, but 3, there occurred diarrhœa and pains in the abdomen, and they were generally the earliest symptoms."—(*Com.*, p. 700.)

The reader must now understand, since something is said about *fever* in the foregoing extract, that my author refers this, also, entirely to the structural lesion of Peyer's glands, in the typhoid affection, as he does to the *liver* in yellow fever. Thus, from my Essay:—

"The following generalizations show that our author ascribed the

whole febrile action to the structural lesion of the glands of Peyer. Thus:—

“ 135. ‘We must allow that the *febrile excitement* which was observed in the typhoid affection was *as much proportioned to the state of the small intestine*, as that which occurs in *erysipelas* of the face is to the *extent of the skin inflamed*.’

“ 136. ‘The FUNDAMENTAL ALTERATION, that of the elliptical patches of the small intestine, was more extensive according as the patients died more rapidly, and the *febrile action was generally in proportion to it*.’

“ ‘The *intensity of the febrile action is itself in proportion to the extent and seriousness of the SPECIFIC lesion of the small intestine*.’

“ 137. ‘Between the SYMPTOMS and LESIONS, of which we are now treating [glands of Peyer], the relation seems to me to be *not less evident* than that which is observed between *those two orders of facts*, as they take place in other affections; *pneumonia*, for example,’ &c.

“ ‘But, must we suppose this action of the *lungs* and of the *elliptical patches* of the small intestine to be the effect merely of a *sympathy*, which we cannot appreciate, in *their capabilities of producing disease*, or as the *consequence* of a *febrile excitement* of which the *inflammation* of these organs was the *source*. This last supposition seems to me to be the most probable.’

“ ‘Their great importance [the facts previously given], as it seems to me, consists in this, that they ought to excite doubts in our minds, *as already stated*, in relation to *all febrile affections without a determinate seat*, and which are called *general*, and thus put us in the way of proposing problems which it is of great importance for us to solve.’” Again:—“ ‘The number of these febrile affections without any determinate seat or *local lesion* is every day becoming more limited.’”

“And then follows, in a note, a reference to one of those ‘*isolated facts*,’ which it is our purpose to notice soon; and about which our author hesitates whether he ‘shall *prejudge* by it the important question of the nature of fevers.’”

“The fever had its origin, and continuance, in the alteration of the glands of Peyer, even when that alteration was ‘*latent*.’ This refers to a particular case. Thus:—

“ ‘Perhaps the reader will ask, if these febrile symptoms, without *diarrhœa*, or *pains* in the abdomen, observed during the first ten days [1], were connected with the commencing *alterations* in the *elliptical patches* of the ileum. The *affirmative* to this question will not appear doubtful, when we remember that the most severe lesions were those of the small intestine.’”

“ 138. ‘If, then, FROM THE COMMENCEMENT of the affection *until its fatal termination*, ALL the morbid phenomena *were dependent upon*, or connected with THIS SAME lesion, it results that this *can remain LATENT*, during a considerable length of time, or at least *give rise to no characteristic symptom*.’

“Nearly a page is devoted to a minute detail of symptoms which took place antecedently to the arrival of the patient at La Charité, upon which the whole conclusion turns, and an account of which was obtained

from the 'ivory-turner' (the patient) himself."—(Pp. 756, 758.) I may also add, that the patient died on the 26th day of disease, and that "*he said he had been ill during three weeks*" of that time. This case offers a fair example of my author's philosophy, ratiocination, pathology, origin of his knowledge as to the primary seat of the typhoid affection, &c.

As a question in relation to the *tongue* will come up, I will add here an extract which bears directly upon it, since it presents, also, a summary of my author's views of the controlling agency of Peyer's glands. Thus:—

"59. 'Therefore, all the different conditions of the *tongue* observed during the course of the typhoid fever must be considered as the result of *one and the same cause* which is *common* to them with *all secondary lesions* which come on, like the former, at *various* periods of the disease;'—that is to say, the glands of Peyer."

I must break off abruptly for this week.

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BOSTON, DECEMBER 2, 1840.

DIVISION OF THE MUSCLES OF THE EYE.

READERS are referred to a paper of unusual interest on the first page, by Dr. Dix. His observations are based on experience, and therefore exceedingly valuable to those who operate, or who intend to operate, for strabismus. Dr. Dix has never used the double hook but twice—and now dispenses with it altogether.—We shall soon publish an important communication on a peculiar disease of the eye, by Dr. Jeffries, of this city, extensively known as one of the surgeons of the Eye and Ear Infirmary. Also, an article on the division of tendons, by Dr. Hayward, of the Medical College. Other valuable papers are also on hand.

Medical Science and the Medical Profession.—Dr. Harvey Lindsly, the professor of obstetric medicine in the Columbian College, at the city of Washington, gave an excellent introductory at the opening of the annual course of lectures, last month. A principal topic of discussion is the amount of scientific labor achieved by the profession in Europe and America. Of our own kith, the doctor says, "Like the English, for the last forty years, we have aimed at the improvement of what is old, rather than the discovery of what is new." Faint praise, but positively true. The fact is, the physicians of this country have a standing excuse for doing so little for the advancement of medical knowledge—*want of time*. It is noticeable, however, that they always find time for everything else. We happen to have too many books, pamphlets, letters, &c., on hand at this particular moment, to do Dr. Lindsly full justice.

Precocious Puberty.—An extraordinary case is related in the Medical Gazette, of a female child, Jane Jones, now seven years of age, who has

the form of a full-grown woman. She measures 4 feet $3\frac{1}{4}$ inches, and 29 inches round the chest, and weighs 72 avoirdupois pounds. Her breasts exceed the usual size of these organs in unmarried adults. Her mother says that the catamenial periods are regular, although she has the general appearance of a girl of thirteen. The faculties of the mind are not superior to children of the same age, and her amusements are those of a child. She displays a degree of modesty in her conduct towards the other sex, that is unusual in children. Precocious puberty is oftener seen in males than females: this case, therefore, may be regarded as a very marked one.

Medical Miscellany.—Dr. Josiah Crosby, of Meredith Bridge, N. H., has performed the operation for the cure of Strabismus.—Dr. Haynes's abdominal supporters continue to give general satisfaction, if we may judge from their ready sale.—Dr. Stephen Rapalji goes out in the frigate Constellation, as surgeon to the fleet. Assistant surgeons, J. W. B. Greenhow and John H. Wright.—Dr. David P. Holton is giving a popular course of physiological lectures in New York, in aid of the Eastern Dispensary.—A new work of fiction is to be forthcoming in England, by the author of Cavendish, called the Naval Surgeon.—Ten thousand French soldiers are supposed to be in the hospitals at Algiers and its neighborhood—great numbers are said to have died of fatigue and starvation.—Dr. Stokes's lectures on Theory and Practice sell admirably.—In no American lunatic asylum, thus far, have the deaths exceeded ten per cent.; and in most of them, they are less than six per cent.—In 1839, there were 11 deaths in the Penitentiary in Philadelphia, out of an average of 418 prisoners. This is a more favorable bill of mortality than in either of the last three or four years. Dr. Darrach gives a tabular view of 26 cases of derangement in that prison—more than we hear from in all the prisons in the country, on the Auburn system, says the 15th Prison Discipline Report.—Dr. B. T. Roath, of Connecticut, has greatly improved the tonsil instrument. It seems impossible that any improvement can surpass the ingenious mechanical advantages found in Mr. Zeitz's newly-manufactured instrument, spoken of in the Journal a few weeks ago.

DIED.—At South Boston, Mr. John S. Terry, 24 years, a resident medical student at the Insane Hospital. He was an excellent man, whose loss will be long deplored by all who enjoyed the pleasure of his acquaintance.—In Waterbury, Ct., by suicide, Dr. Edward Field.—In Boston, by suicide, Dr. Tany, of New Hampshire.

Number of deaths in Boston for the week ending Nov. 23, 41.—Males, 15—females, 26. Stillborn, 2. Of consumption, 5—infantile, 2—old age, 4—pleurisy fever, 1—scarlet fever, 1—affection of the heart, 1—marasmus, 1—inflammation of the bowels, 3—liver complaint, 1—dropsy, 2—lung fever, 2—croup, 2—inflammation of the lungs, 1—insane, 1—dysentery, 1—brain fever, 2—tumor, 2—typhous fever, 2—jaundice, 1—casualty, 1—apoplexy, 2—fits, 1—bowel complaint, 1.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

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Chemistry and Materia Medica, by	- - - - -	PARKER CLEVELAND, M.D.

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*Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEVELAND, Secretary.

Brunswick, October, 1840.

D. 2.—6t

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

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August, 1840.

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A 19

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June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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No. 18.

REMARKS ON LEUCORRHŒA.

BY EDW. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of leucorrhœa is not a novel one, nor one that has met with little attention in medical and obstetric treatises. On the contrary, we are blinded by excess of light upon this topic; that is to say, if light be found in copiousness. Dr. Dewees has devoted about thirty pages to it; Dr. Davis, fifty quarto pages; and other writers in equal proportion.

Most women consider this disease to be the result of weakness, and this opinion has been sanctioned by many medical writers; and at least appears to be, by our modes of treatment. If we find a disease requiring, when we are called to treat it, stimulants and tonics, such as cantharides and iron, we are led insensibly to the idea that it is a disease of weakness. But however it may be when we are called to treat it, it seems to be now pretty generally allowed that the acute form, at least, is the result of inflammation.

Lisfranc, who goes rather further than others in attributing diseases of the internal genital organs to inflammation, considers this, as well as uterine difficulties in general, as incurable without medicine, and as liable to terminate in organic alterations.

It becomes, therefore, a matter of serious consequence to inquire how far is leucorrhœa an affection of the uterus; and if so, how far is it connected with organic disease?

Boivin and Duges consider the discharge as originating in the Fallopian tubes, the cervix of the uterus, and sometimes, though rarely, in the vagina. Other French writers consider it as uterine. Dr. Davis speaks of vaginal and uterine leucorrhœa, but he has considered them both under one head. Dewees describes leucorrhœa as generally vaginal. Churchill is the first who has distinguished them clearly from each other.

This distinction I believe to be of great importance. In the first place the two affections require a very different treatment; and in the second, we have much less to apprehend from a vaginal than an uterine affection. Can we distinguish them apart, therefore? and can we distinguish leucorrhœa of each kind from other disorders giving rise to a similar discharge? I believe that we can.

Leucorrhœa is liable to be confounded with gonorrhœa and with the matter from ulcers, abscesses, &c. From the former the diagnosis is avowedly difficult. The history of the case and the character of the

person who consults us will generally afford a clue. But although our reputation for sagacity may suffer somewhat thereby, we shall be justified in following the maxim of the law, and not suppose an individual to be criminal until she is proved to be so. With regard to abscesses and ulcers, the distinction must be made from the character of the discharge, which in this case is purulent, and from the greater severity of the symptoms. There may be some difficulty also in deciding as to the appellation of the disorder, when symptoms of dysmenorrhœa or irritable uterus are present. These three disorders may readily co-exist.

Vaginal leucorrhœa is described by Dr. Churchill as vaginitis, an inflammation of the mucous coat of the vagina. It is produced by the common causes that excite irritation or catarrh. The first symptoms are heat and soreness in the vagina, with itching of the external parts. Then comes on pain, smarting, a sensation of weight or bearing down, and of constriction as if the mucous membrane of the vagina were swollen. In severe cases the pain extends down the thighs.

The discharge does not come on for a day or two; it is at first thin and colorless, sometimes acrid. In a little while, it becomes whitish, yellowish, and of a much thicker consistence, or resembling cream. Dr. Davis says that the shades of color are almost endless. "In a table of 22 cases," in Blatin's work, "the proportions are of yellow and green twelve, of white six, of greyish two, of blackish one, and blueish one;" depending on the forms and degrees of inflammation. At the commencement of the attack there is considerable heat and tenderness, but when the discharge comes on it relieves the local symptoms, and is generally very profuse. In severe cases the attack is attended with feverish symptoms. It varies in duration from fifteen days to a month. Its effects are a narrowing of the canal, or an adhesion of its sides, but this contraction is readily removed, and the ultimate effect is a widening of the passage.

Chronic vaginal leucorrhœa is attended with less pain and tenderness or heat. The inguinal glands are never affected. The discharge from the vagina is the principal symptom. This is more or less devoid of color, of a mild character, though sometimes acrid and excoriating. There is weakness, weariness, aching in the back and loins, and after it has been of some standing, dyspeptic symptoms. This is distinguished from uterine leucorrhœa by its being unattended with uterine irritation; and its not being aggravated at the menstrual periods.

Uterine leucorrhœa is defined by Dr. Churchill to be a more or less profuse discharge of fluid secreted by the lining membrane of the uterus, varying a good deal in quality and color. The acute form is more frequent in younger persons, the chronic in older. It is comparatively rare. It differs from the chronic in the greater degree of local suffering and constitutional excitement. It is attended with febrile symptoms, and often with hysteria. The neck and body of the uterus are found tender to the touch and sometimes slightly swollen. There is no perceptible increase of heat. The irritation sometimes extends to the bladder and urethra. If not cured, it passes into the chronic form.

In the chronic form there is, in the severer cases, considerable local suf-

fering; a constant aching or pain in the back midway between the pubes and sacrum, i. e., in the uterus; there is languor, exhaustion, pulse small, weak, quicker than natural; the skin has a yellowish or greyish tint, sometimes flabby and moist, at others dry and hot; eyes sunken, surrounded by dark circles. Sometimes it is attended with chlorosis. The patient is subject to frequent headaches, especially in the back part of the head. There is vertigo and fainting. Tongue coated, appetite deficient, bowels costive.

On examination per vaginam, there is sometimes a slight enlargement of the body of the uterus, with some tenderness on pressure in the *acute* form, but little in the chronic. The os uteri is rather more open than in the healthy. Most frequently, however, no information is gained by examination. Examination with the speculum may show the mucous membrane of the cervix pale, slightly rose colored, deep red, or spotted. The discharge varies in quantity; it is in most cases nearly colorless and semi-transparent; in consistency, it varies from thin mucus up to a gelatinous or curdled fluid.

The local symptoms, therefore—the heat, soreness, and itching of the vagina when this is the seat of the affection, and the pain and soreness in the uterine region, in the back and loins, when it is in the uterus, together with the greater severity of the symptoms and the constitutional affection—form the diagnostic signs between the vaginal and uterine leucorrhœa.

Leucorrhœa is a complaint sufficiently common; so much so, that it has been said that the escape of any woman from it during the whole course of her life, is to be regarded as rather an accidental than a constitutional exemption. But organic uterine disease is comparatively very rare. Now as it is not a disorder for which females very readily apply to a physician, there must be very many cases of leucorrhœa which are never subjected to medical treatment. The inference is that many cases are cured without treatment. Gonorrhœa, when the violent symptoms are removed, will cure itself, at least in tolerably healthy persons, in spite of the general belief to the contrary. In fact, our medicines have so little power over the chronic affection, that unless there was a power in the system for removing the disorder, it never would be removed. One proof of this is afforded by the bad opinion which many experienced surgeons have of injections; they have become convinced that they rather aggravate than remove the disease.

The other outlets of the system—the mucous membrane of the nostrils, the mouth, and the rectum—are all liable to be affected with catarrh; a greater or less degree of dysentery or of mucous diarrhœa is exceeding common, and catarrh of the head and throat we all know is common enough. We may naturally conclude, therefore, that vaginal leucorrhœa is more common than uterine, though it is for the latter that we are most frequently consulted. With regard to the uterine affection, it is undoubtedly cured full as often by circumstances that affect the health and condition of the patient, as it is by medicine. In a female of good constitution, I believe it may cure itself. In other cases, change of air, and whatever contributes to invigorate the appetite and digestive

powers, and restore cheerfulness to the mind, will often effect a cure, and the patient recover perfectly without ever having recourse to a physician. We give iron and other tonics in this complaint when chronic, but we all know that the circumstances I have enumerated are more powerful tonics and stimulants than can be found in the *Pharmacopœia*.

It must be conceded, then, that leucorrhœa, both vaginal and uterine, is a sub-inflammation. The causes that produce it, its history and its symptoms, are all those of inflammation. But this inflammation is confined to the mucous membrane; it does not spread into the uterus, nor is it necessarily productive of disorganization. It may continue an indefinite period without extending to the internal membranes.

With regard to the treatment of leucorrhœa, the general principles are the same as in the treatment of inflammation. In the acute form of vaginal leucorrhœa, general bleeding and leeches are employed. In the milder cases, bran poultices or fomentations with warm water at first; and afterwards solutions of acetate of lead. The hip bath, the horizontal position, salines and tartar emetic, and spare diet, constitute the treatment recommended by Churchill. In the chronic form he uses injections of white oak bark, with or without alum, solutions of sulphate of zinc and of nitrate of silver. Lisfranc objects to local bloodletting and hip baths, on the ground that they produce congestion in the parts about which they are applied. Most writers recommend injections as a *sine qua non* in leucorrhœa generally. Dr. Churchill considers them useful in vaginal, but injurious in the uterine leucorrhœa. In the acute form of the uterine species he employs cupping and leeches. He describes four medicines as having control over it. These are, 1st, The balsam of copaiba. 2d, The preparations of iron, and especially the sulphate, with blue pills, or compound rhubarb pills. 3d, A decoction of logwood. 4, Ergot. When there is much irritation, conium or hyoscyamus is recommended. After the discharge has ceased, a course of sea bathing will be beneficial. I have mentioned the principles of Dr. Churchill's method of treatment, because he speaks very confidently of its success, and because I think he has given a clearer and more judicious account of the disease than any writer whose work I have seen. Robertson speaks very highly of the efficacy of cantharides, but it is only in a few cases that they are applicable. Our object is, in the first place, to remove inflammation, and in acute cases this is all we have to do. In chronic cases we have also to restore tone to the digestive organs.

Cases of leucorrhœa are common enough in the practice of every one. I may, however, mention the particulars of one case as rather more striking in the symptoms, and more satisfactory in its result, than those I have generally seen.

This was the case of a young woman from the country, aged 19, of sanguine temperament. She told me that she had had leucorrhœa for three months. There was when I saw her, Sept. 23, copious discharge, severe pain in the uterine region, of a dragging or bearing down nature; pain across the back and weakness, great debility, headache, coated tongue, loss of appetite, oppression after taking food, obstinate costiveness, and slight febrile symptoms. I found, also, that two of the lower

dorsal vertebræ projected, in consequence of a fall received when a child. I directed an emetic of ipecac and calomel, to be succeeded by a brisk purgative, and a plaster applied to the back. The next day I found her a good deal relieved. The painful symptoms were much diminished. On the third day, however, she was not as well. I now gave her cathartic pills containing calomel and jalap, &c., to be taken every other night. These were continued for about a week, when I ascertained that she had other symptoms which she had been unwilling to mention to me. The most troublesome of these was incontinence of urine. There was incessant occasion to pass urine, but it was passed with difficulty and scalding, and was high colored. At other times it came away involuntarily. There was also considerable pain and soreness of the vagina. She had been under medical treatment in the country during the three months since the pain commenced, but without benefit. The dyspeptic symptoms were very much relieved, and the pain in the back and uterine region diminished, by the purgatives. The urinary troubles were now the principal. To obviate these, I gave her solution of salts every other morning; sub-carbonate of soda, one drachm, three times a day; and a decoction of slippery elm bark, a tea-cupfull, three times a day. A small pill of ipecac and opium at bed time, as she was able to obtain no sleep without. Under this treatment the affection of the bladder began immediately to subside; the urine was passed less frequently, with less pain, and in larger quantities. In about a fortnight all the unpleasant symptoms had left her, and nothing but debility and the chronic discharge remained. The patient expressed herself as being in a new world. I now gave her sulphate of iron, in pills of two grains each, with one grain of extract of gentian, three times a day. The discharge then diminished daily, and in a fortnight more she was perfectly well. I was the more pleased with this result, because the projection of the vertebræ and the general condition of the patient when I first saw her had led me to apprehend the existence of serious organic disease.

The affection of the bladder and vagina, taken by themselves, might have led to the suspicion of syphilitic or gonorrhœal disease. But in the first place, the character of the patient did not admit of a suspicion of this kind; and in the second place, the uterine affection was too strongly marked.

In regard to the apparent anomaly I have before alluded to, of giving tonics and stimulants in inflammatory disease, we give them rather as alteratives to excite a new action in parts that have become habituated to diseased action. They would not be proper in acute cases. The sulphate of iron, which is in most cases the best and safest remedy, produces its effect on the system in general; and it is probably full as much from its action upon the digestive organs, as from anything specific, that cantharides proves beneficial. Ergot does not seem to be a remedy that is likely to be of much value in these cases; it is probably much inferior to cantharides, and more likely to do harm.

Cambridge, Nov. 5th, 1840.

CLUB-FOOT.—OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

CHARLES RUSSELL, of Meredith, N. H., was born in 1820—a healthy, vigorous, perfect boy—and continued so until he was five years old. He was then attacked with cerebro-spinal disease (at the time called worms, and all the evils that followed were put to the account of calomel), which produced paralysis of the lower extremities on the fourth day. There was great heat and violent pain in the head, back and legs—the legs soon became very rigidly contracted. These symptoms gradually subsided, so that in two months his general health was very much improved, but he did not begin to walk for more than six months, and when he did it was found that both feet were deformed—the left one much worse than the right. The gastrocnemii muscles of the left leg did not grow as fast as the bones, so that in the end there was produced complete talipes varus. Standing, he rested on the astragalus; walking, by throwing the foot far to the left, he would strike the outer edge of the sole of the shoe, and bring himself on the ends of the metatarsal bones.

The Stromeierian operation was explained and recommended to him, which he readily consented to have performed.

On the 16th of July, 1840, in presence of Drs. Hill of Sanbornton, Hoit of Northfield, and Knowles of Meredith, and assisted by my students, Messrs. Cochran, Jones and Wiggin, I performed the operation in the following manner. The patient was seated on a chair—the operator sitting in front, a little to the left, so as to bring the leg, a little above the ankle, across the right knee of the operator—turning the toes outward, so as to bring the inside of the foot into a horizontal position—the thigh of the patient resting on the knees of an assistant. Another assistant supported and flexed the foot, so as to stretch the tendon; it was then divided with a small cornea knife, which was easily accomplished, with the loss of but little blood.

After having let the patient rest an hour, the reducing apparatus recommended by Scoutetten was applied rather loosely, and the patient allowed to take a light dinner.

17th. Rested well; no pain nor inflammation. The cut was so small and so united as to be found with difficulty. We therefore commenced the reduction, which gave very little pain.

It is unnecessary to detail a daily account of this case. It is sufficient to say, there was not a single unpleasant symptom or occurrence in the operation or treatment of it. The patient went to his shop (tailor) on the fourth day from the operation, and attended to his business regularly ever after. The reduction was completed on the 12th day. He wore the apparatus until the 20th, when it was exchanged for a lace-up boot with two steel splints, with joints at the ankles. The splints were soon abandoned, and he has worn nothing since but laced boots. He can now, four months from the operation, walk much better—the foot is in good shape—no one would suspect any deformity—he sets it fair on the ground. In one year I think he will walk with but little limping. The

great hindrance to his walking well now, is the want of the gastrocnemii muscles, and a greater degree of flexion in the ankle-joint.

I have not seen it mentioned by any writer how far the reduction should be carried. In this case the leg was brought a little more than perpendicular; it probably should have been brought farther. This difficulty, however, will be overcome in some measure by great care in walking.

It has been mentioned by some, if not all the writers on this subject, that when the tendon is divided there is a little snap and an immediate yielding of the foot, giving good evidence at once that the operation is finished. It was not so in this case; there was no snap nor apparent change in the position of the foot, nor would the patient bear any effort at reduction by the hand. The cut ends of the tendon, however, could easily be felt more than half an inch apart.

The greatest amount of pain in the reduction of this case was occasioned by pressure of the sole of the foot on the foot-board. Dr. Little says this may be prevented by placing an air-cushion between the foot and the foot-piece of this apparatus—thus equally distributing the pressure over the whole sole.

JOSEPH CROSBY.

Meredith Bridge, N. H., Nov. 26, 1840.

IRREGULARS IN PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Do you ever permit your subscribers to comment on your own editorial articles? If so, please allow a distant but constant reader of your pages to say that your late remarks on *homœopathy* were perused with interest and great pleasure. I most fully and heartily accord with the spirit of the communication, and I forward this merely to add my feeble support to the excellent stand you have taken. I beg to say that “it has amazed me, too, that any one should have suggested that the dignity of the pure school requires that these infinitesimal gentlemen should be thrust out of the Æsculapian temple.” Are they not generally men of regular medical education? Are they not respectable in talents? Are they more clannish, more exclusive, than are all eager and sanguine discoverers? Are they not seeking with us to relieve human distress and suffering? And because they are adopting a new theory of medication, and, therefore, new methods of administering remedies, are we to frown on them and thrust them from our fellowship? We may thrust them from our fraternity: but if we do, we add another to the many proofs we have already afforded the world around us, that we are a quarrelsome—an irritable—a litigious race of men. I have often blushed, and for many years, at the consequential, tumid, vaporing, dictatorial, swaggering, illiberal manner with which some of my brethren pronounce the words “quackery!” “empiricism!” “trick!” “humbugging!” at the report of any *methodus medendi* that does not quadrate with the royal, beaten track.

Is it decided that we have arrived at the *ne plus ultra* of medical and

surgical perfection? If not, is it impossible that some adventurer in therapeutics—some eccentric workman in the noble labor of curing diseases—some over-the-fence experimenter—nay, some *ignorant* fellow—yes, all that, some ignorant essayist—may strike out, in the midst of much error, some substantial improvement? Why, then, not keep our eyes open to what is passing around us? I heard a most excellent practitioner, many years since, say that he had learned many very valuable clinical facts and improvements from “old women;” and the man who did not keep both ears open to the remarks of discreet, experienced ladies, would lose some valuable aids in the progress of his professional improvement.

There are some of our profession who think they have discharged all their duty when they have pronounced the word “humbug” on any new plan of curing diseases, and pompously declared that they never will countenance such quackery by even inquiring into its merits. But, *have* they done their duty to the families to whom they administer when sick? Are they grasping every improvement and incorporating it into their practice? Why was Harvey anathematized? Simply because indolence and pride could not brook innovation. Are not the homœopaths proscribed for the same reason? Suppose we retain them—I mean such as are candid and honorable—in our fellowship. May we not be benefited as well as they? Common sense forbids the hope that their practice of administering remedies can ever throw much light upon our path. But the *theory* that an ophthalmia may be removed by slightly increasing its inflammatory action; an indolent ulcer, a burn, a cutaneous eruption, in the same way; that a diarrhœa may be cured by artificial catharsis; a diabetes by extreme factitious diuresis, &c. &c., surely is worthy of careful consideration by every member of our profession.

But, Sir, I did not mean to be an advocate for Hahnemannism. My remarks are addressed to my fellow laborers. I beg them to consider if they know how contemptible it appears to our employers that, as a class of men, we make war on all competitors not of our own stamp. Suppose we should take off a little dignity and treat an adventurer kindly. Suppose we admit to the world, frankly, fully, without reserve, that we count our school discipline, our many painful, anxious researches, nothing; that we claim precedence and employment, and *expect* to have them, nay are sure that we shall have them, for this single reason, that we have more skill than the interlopers. Armed with this consciousness and confidence, we need not be litigious. We need not fear intercourse and communication with the neophytes: for if we do not acquire very great light, we certainly shall save ourselves from reproach.

ANTIQUUS.

DR. HOWE'S SURGICAL INSTRUMENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You will perceive that the *Abdominal Supporter* (specimens of which I now send you) is somewhat improved, since you had the good-

ness to notice it in your Journal of the first of April last. In its present form, it is generally worn with much comfort to the patient and is found to be, emphatically, a *supporter*. The materials of which those of recent manufacture are covered, render them impervious to moisture, and will admit of washing or sponging. This improvement, in point of economy, is of considerable consequence both to the physician and to his patients; as several patients in succession may wear the same instrument, without its being very much impaired in its appearance.

In its *application*, the band should pass over the back pad, round the pelvis, between the ilii and trochanters, and buckled over the front pad; and the thigh-straps should pass obliquely upwards from below the ischii to be buttoned to the pelvis-band before and behind, so as to encircle about two thirds of the thigh. The thigh-straps, when worn in this manner, will retain the pads and pelvis-band in their proper position, without causing any inconvenience and with perfect neatness. When it may be necessary to afford a *perineal support*, these straps are to be crossed over the *perineum*, and a *sponge compress* of a proper shape, covered with fine cloth, is to be applied to this part, and stitched to the straps. It will be readily perceived that this compress can be more comfortably and neatly worn (and probably as efficiently) than the *wedge* in common use. And this, with the straps, when it be desirable, may be washed or laid aside, and others substituted at a trifling expense.

This supporter has been used with success in cases of prolapsus uteri, chronic diarrhœa, hernia, paracentesis abdominis, parturition and ischuria. The history of the interesting case, given in the following letter, illustrates the utility of this instrument, where abdominal support or pressure is indicated :

DR. L. HOWE.—Dear Sir,—Yours of the 14th inst. has been received. In answer to your inquiries, we would state, that the patient, for whom we procured your abdominal supporter, had been confined to her bed constantly for four and a half months, and had, during all this time, been obliged to have her urine drawn with a catheter. Upon the application of the supporter she very soon got up, and the succeeding day was able to walk about the house, and before a week had elapsed she could sit up all day. She has had no occasion to use the catheter since the application of the supporter, four weeks since. She is now able to do light work and ride about town in a waggon without any injury; and justly attributes her recovery to the efficacy of your invention. If we ever had any doubts as to its utility, we must be sceptical indeed, if they should not yield to such evidence as this. We are fully convinced that this instrument is destined to be of eminent service to mankind.

Yours very respectfully,

Peterborough, Sept. 29, 1840.

WM. FOLLANSBEE," M.D.

ALBERT SMITH," M.D.

The early history of this case I have not learned, as the patient did not come under the care of these gentlemen till a few days before the application of the supporter.

This instrument is quite convenient in affording pressure to the uterus to suppress flooding after delivery. Any amount of pressure may be applied by it, even to the compression of the aorta. The sand-bag, used as recommended by Kluge and Betschler, is, undoubtedly, a powerful agent in suppressing uterine hemorrhage, as it will conform itself to the globular form of the uterus, and thereby afford pressure on a considerable portion of its surface. This supporter, by its concave inner surface, produces a similar pressure, but is more conveniently applied, and its power graduated as the occasion may require. It should in all cases be worn for some weeks after *accouchement*. It would generally prevent the evils resulting from too early getting up, and constitutional weakness. It would be well for every physician to have in his possession some half dozen supporters of this or of similar construction, for the benefit of his patients, and not, as has too frequently been the case, subject them to the expense of an instrument which they may not need but for a few weeks.

The *Apparatus for Fracture of the Humerus and Clavicle*, has not before been presented to the profession. In a former communication I stated some of the evils resulting from the use of the *wedge* and tight bandaging in these fractures, especially in cases of the aged. This apparatus was designed to obviate these evils, and to be more convenient and efficacious than most of those in use. I send you a specimen, to be deposited in the Journal office for examination.

The splint is made of book-binders' paste-board, consisting of a cylindrical portion to envelope the humerus and acromion, and a semi-cylindrical piece, which is formed of a continuation of the inner half of the first, turned down and moulded to a convexo-concave wedge between the two portions of the splint.

The other parts of the apparatus are :—A band to be fixed to the lower end of the semi-cylindrical portion of the splint, and buckled on the opposite side of the trunk, below and near the breast, which is to be retained in its place by connecting it with a circlet or band, buckled on the shoulder of the sound side ; a band to encircle both parts of the splint, and to be buckled on the outside of the arm ; a strap attached to this, on the anterior and posterior side of the arm, to be buckled to the trunk-band, by which the elbow is brought to the side, and immediately fixed ; a band to be passed round the affected shoulder, and buckled over the acromion process of the splint, and a strap to connect this with the circlet on the sound shoulder ; a wedge-shaped cushion to be interposed between the two parts of the splint, with tapes attached to it, to be tied on the acromion process of the splint, by which the lower end of the cushion may be drawn up to increase, if it be necessary, its base or upper end ; and lastly, a handkerchief-sling to support the fore-arm, and, in part, the elbow.

It will be perceived, by the above imperfect description, that this apparatus, when properly applied in a case of the fracture of the clavicle, will carry its external fragment outward, backward and upward, and retain it in this position—the *important indications* of treatment in this accident. These effects, being produced by the com-

bined efforts of the different parts of the apparatus, are more comfortably borne by the patient, than when the *same* or *equal* effects are the result of a more simple apparatus.

The *inner* portion of the splint is not an essential, though a convenient, part of the apparatus. In fracture of the humerus, lower portion of the glenoid cavity, &c., the shoulder-bands and posterior strap, of course, will not be needed.

The apparatus sent you was designed for the right shoulder, but may be applied to the left by reversing the bands, &c.

I have already occupied too much space in your Journal, to the exclusion of more valuable matter, and must therefore omit, for the present, some further remarks on the application and operations of the instrument.

Your friend and obliged servant,

Jaffrey, N. H., Dec. 1840.

LUKE HOWE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1840.

LUNATIC ASYLUMS.

THE management of the metropolitan Lunatic Asylums in England, from the year 1815 to the year 1827, has been inquired into by a select committee of the House of Commons. Although ample and humane provision had been made for the insane, they were no sooner left to the control of those into whose hands their destiny had been confided, than gross abuses and negligences characterized their treatment in very many institutions. Finally, when an incensed public could no longer tolerate the criminal neglect of the medical officers, the notoriety given to a parliamentary inquiry at once changed the whole aspect of things, and the inmates were ultimately treated as though they belonged to the human family. It was ascertained that individuals were kept as lunatics, who were not so; and convalescents were unnecessarily detained. Too many persons were received. The accommodations were insufficient; yet an ambition to keep up the impression of doing an immense business, seems to have led to the mistaken policy of packing the poor, needy, miserable subjects of these institutions too closely for their personal comfort, health and cleanliness. In time, the medical officers, like their subalterns, rather contemplated the mass than individual cases of suffering; and from negligence, the step was a short one to absolute inhumanity.

Another charge brought against the superintendents, was a neglect to provide a suitable number of competent assistants. It was alleged against the Bethnel-green establishment, that the house was excessively crowded; the medical attendance utterly insufficient; that no attempt was made to cure the patients; that they were not classified, and the diet not regulated; the superintendents were cruel, and convalescent madmen were made keepers—but, worse than all, patients were actually chained in cribs from Saturday till Monday, with only one blanket in winter, and were washed down with mops in cold water, in winter as well as summer. To

this monstrous catalogue of sins, others were superadded, absolutely shocking, and we therefore forbear to mention them.

On a careful analysis of the cause of the degeneracy of the lunatic hospitals in England and in other countries, it has been satisfactorily ascertained that where the intentions of the originators of those institutions have been perverted, and aggravated miseries meted out to the conscience-bereft patients, the evil commenced in attempting to accommodate too many subjects at once. Ten men cannot be fed on a single loaf so well as one man: the ten would certainly die of famine, in the end, notwithstanding they were regularly supplied with the morsels that prolonged their misery. If a lunatic hospital were constructed with reference to the comfortable accommodation of one hundred patients, and one hundred and twenty are taken in, the effect will be subversive of order, economy, cleanliness and comfort. The officers feel the inconvenience as severely as the inmates confided to their care; and from a false movement at the commencement, the machinery becomes more and more deranged the longer it is kept in operation under a pressure which it was not designed to bear.

To the honor of this country, no complaints have gone abroad injurious to the reputation of our insane asylums. Their administration has met the cordial approbation of the public. It is hardly possible for abuses to exist without being known, since the asylums are open to the unrestrained examination of the whole community. Men of acknowledged fitness control them, whose humanity and moral qualifications, aside from high professional attainments, cannot be questioned. If matters remain as they now are, nothing is to be apprehended for the future, destructive to the present character of these excellent charities. But there is a multitude of insane persons who are not yet accommodated. Should a crowded state of the asylums be brought about, from a disposition of the indiscreet friends to give more persons the benefit of these institutions than can be conveniently received, we may anticipate the abominations which for a time brought into disrepute the asylums of England.

There is not a lunatic hospital in New England that does not at this moment require to be enlarged—not because they are now too full, but because more patients should receive the great benefits they may confer. Legislative action should be roused to the consideration of this important matter. The good that has already accrued since the commencement of these establishments at the North, is the strongest of all arguments in favor of enlarging them, both for the purpose of relieving the miseries of those necessarily excluded on account of accommodations, and to prevent the possibility of a degeneracy of the character they now sustain.

Report of the Registrar-general of England.—The second report of this officer, reaching to July, 1839, has recently been published, and is rich in statistical information relating to the health, and the social and political condition of Great Britain. We gather from the *Lancet* such items of interest as we have room for.

“ ‘Almost every marriage is duly registered, and every register of marriage is signed by the parties married; those who are able writing their names, and those who are unable, or who write very imperfectly, making their marks. Therefore an enumeration of the instances in which the mark has been made, will show the proportion, among those married, who either cannot write at all, or write very imperfectly.’—*Report*, p. 7.

"It was ascertained, in this way, that out of 121,083 couples married, there were 40,587 men and 58,959 women who could not write. One in three of the men, and one *half* of the women, in the country cannot write their names! The signature is one of the simplest and best tests of the state of education that can be devised: for what a certain and deplorable degree of privation does not incapacity to write the name imply! The lamentable degree of ignorance in different parts of the country is shown. Thus, in the metropolis, of 100 adults (namely, 50 males and 50 females), 82 are able to write their names; in the northern counties, 69; in the south-eastern counties, 64; in the south-western counties, 61; in Yorkshire, 59; in the north midland counties, 59; in the western counties, 53; in the eastern counties, 52; in the south-midland counties, 52; in Cheshire and Lancashire, 49; in Wales, 41. The pastoral, agricultural, and purely manufacturing classes, are the most ignorant. The better educated artisans and tradespeople appear to emigrate, and assemble in the metropolis; for it is not probable that children born in the metropolis are educated in the schools so much more extensively than are those born in the country, as the abstracts would imply.

"The age at marriage, in England, is another fact, which is of some physiological interest, and has been considered by Malthus and the poor-law writers to be of the greatest national importance. In 121,083 couples married, 5628 men and 16,414 women were under 21 years of age. The ages of the men and women in 4858 marriages, solemnized in districts varying greatly in situation and character, were as follows:—

Ages.		Men.	Women.
15 and under	20	159	688
20	" 25	2536	2527
25	" 30	1150	861
30	" 35	398	320
35	" 40	219	187
40	" 45	156	134
45	" 50	103	76
50	" 55	70	38
55	" 60	39	17
60	" 65	19	6
65	" 70	4	4
70	" 75	4	0
75	" 80	1	0
		4858	4858

"The average age of the men was 27 years, of the women 25 years and a few months."

The Report contains some interesting remarks on the present rate of mortality. As the only data for arriving at an estimate of the population for the last year are the returns of 1821 and 1831, it is impossible to ascertain this mortality with certainty. The population of England and Wales, however, being 12,162,056 in 1821, and 14,055,562 in 1831, the Registrar-general considers it may be set down as 15,666,800 on the first of January, 1839. The deaths registered in the year of which the last named date is the middle term, were 331,007—showing a mortality for the year of 1 in 47.3 in England and Wales. In 1838 it was 1 in 46.

The following remarks by the editor of the *Lancet* are worth quoting.

"It may be mentioned, to the credit of this country and of the government, that we have taken the lead in the publication of this contribution to national statistics: for when the causes of death are recorded, analyzed, and made known, it shows that the health and life of the people are not viewed with indifference. In the "*Annales d'Hygiène*," the attention of the French government has been earnestly called to the subject; and a hope has been expressed that a similar Report of the ages and causes of death in France may be prepared. The Austrian government has, we understand, undertaken to prepare a sanatory Report, upon a comprehensive plan; so that the observations which have been hitherto allowed to moulder in the archives of the empire, will be thrown into the stock of European knowledge. The civilized nations of the world, and their governments, will thus labor to promote the health of the world, to remove the causes of untimely death, and to diminish the sufferings of humanity—a gratifying spectacle, if realized, and strongly contrasting with the history of times, not very remote, when the resources of nations were exhausted in destroying their neighbors, and glory and joy were sought by great men in the humiliation and misery of mankind. Ere many years have elapsed, the "great powers" will probably devote a few millions sterling to the extirpation of plague from Egypt and the coast of the Mediterranean; and admit that the project is more rational than a war, in which human blood would be poured out like water, and hundreds of millions of capital sunk, in order to decide which of two barbarians should play the tyrant in Syria; or which power should grasp the greatest number of unprofitable Turkish acres, and "protect" the greatest number of the Sultan's indolent subjects. M. Thiers himself may discover that he is more likely to obtain "a line in a universal history"—at least a line of well-merited approbation—by rendering the miserable part of the population of Paris healthy and vigorous—than by expending millions in exciting their blood-thirsty passions, surrounding the city with detached forts, and impeding the air of heaven by a circumvallation of high walls, which a population of a million, without food, and decimated by sickness, could not defend."

Diseases of the Nervous System.—Another beautiful volume, of large dimensions, belonging to the series of the Library of Practical Medicine, edited by Dr. Alexander Tweedie, has been issued from the Philadelphia press. We have as yet hardly had an opportunity of reading the index. Of its character, however, there can be no doubt, emanating, as the various dissertations of the Library do, from the highest medical sources in Europe. It seems to us that specimen copies of this valuable publication should be more extensively circulated in the interior of the country, that its claims may be understood as extensively as possible.

A just Rebuke.—On Wednesday last, just as Mr. Liston had commenced an operation for the removal of a piece of necrosed bone from the os calcis of a child, a person in the theatre, because the poor little sufferer began to cry, burst out into a loud laugh; whereupon Mr. Liston instantly turned round, and asked, "If the offender belonged to that hospital?" He then remarked that "such unfeeling conduct was disgusting and disgraceful in the extreme." The honorable gentleman also alluded, in strong terms of reprehension, to a similar exhibition of cruel misbeha-

vior a few days since, and said, "that he sincerely hoped that the offending party was not a member of that school." This well-timed and excellent rebuke appeared to give great satisfaction to the gentlemen present. The operation was quickly executed, in Mr. Liston's admirable and unrivalled style.—*Lancet.*

Medical Miscellany.—Dr. March operated the other day before the class in the Albany Medical College, upon a young man 17 years of age, who had a large medullary sarcomatous tumor surrounding the lower extremity of the os femoris, and involving the knee-joint. Although the disease commenced in May last, it had attained, on the first of November, the enormous growth of 27 inches in circumference. The crural artery being compressed by an assistant, the limb was amputated in six seconds, says the reporter. Dr. March is a successful and meritorious operator. He studied his profession in Boston, under the best auspices for acquiring accurate surgical and anatomical knowledge.—Dr. Parker, so celebrated as an oculist and general surgical operator at Canton, in China, is shortly expected in this country.—Dr. Bowditch, No. 8 Otis place, Boston, has for disposal all kinds of respirators, ranging from \$3 to \$15; a most useful article for all persons having irritable lungs.—Dr. Usher Parsons, of Providence, was chosen by the electoral college of Rhode Island, to carry the votes for President to Washington. It happened in this wise: the electors not agreeing upon a candidate, several names were placed in a hat, and the one first drawn happened to be the doctor's.—Dr. Butler was re-elected, last week, by the City Council, as superintendent of the Lunatic Hospital at South Boston.—In the Journal of the Franklin Institute for October, is an account of an improved tooth extractor, by John McConnell, of Philadelphia—patented. It is just as useless to take out a patent for a surgical instrument, as for a paper of pins.

The American Medical Almanac for 1841 is now ready for delivery, and may be obtained at this office. Further particulars next week.

A number of communications are deferred this week for want of room.

MARRIED.—In Roxbury, Dr. Wm. Ingalls, Jr., of Laurel Hill, Parish of W. Feliciana, La., to Miss Julia A. M. Davis, of R.

DIED.—At Louisville, Geo., Sept. 30, Samuel W. Robbins, M.D., 53, formerly of Colchester, Conn.

Number of deaths in Boston for the week ending Dec. 5, 33.—Males, 16—females, 17. Stillborn, 1.

Of consumption, 4—old age, 2—scrofula, 1—enlargement of the heart, 1—suicide, 1—measles, 1—brain fever, 1—infantile, 2—hooping cough, 3—dropsy, 1—inflammation of the bowels, 1—marasmus, 1—typhoid pneumonia, 1—typhous fever, 2—hives, 1—fits, 1—cancer in the womb, 1—canker, 1—dropsy on the brain, 1—diarrhea, 1—lung fever, 1—paralysis, 1.

DR. HOWE'S SURGICAL INSTRUMENTS.

ARRANGEMENTS have been made for the manufacture of the following instruments, and they, or any number of them, will be sent, at the prices annexed, and at the mutual risk of the parties, to any part of the country, as may be directed by letters sent to my address. Figs. 1, 2, &c. refer to a description of these instruments, illustrated by cuts, in Nos. 15 and 16 of the 22d vol. of this Journal.

Ratchet-wheel Windlass with pulley, fig. 1, \$2.50. Pulley and Staff (without the above additions), 50 cts. Thigh Cases by the pair, with pelvis and thigh straps, with connecting slides and screws, fig. 2, \$4.00 to \$7.00. Posterior-concave Splint, for the leg, with a ratchet-wheel windlass, a gaiter, and garter or knee-band with fobs, fig. 3, \$2.00. Posterior-concave Splint, without windlass (two sizes), fig. 4, \$1.50 to \$2.00. Ulna Supporter, fig. 5, \$1.50. Splints or Cases for the forearm, per pair, \$2.00 to \$3.00. Apparatus for the humerus and clavicle, \$2.00. Semi-circular Tourniquet, \$3.00. Improved Rag-wheel-spring Truss, \$3.00. Improved Abdominal Supporter, \$2.00 to \$4.00.

Address Dr. L. HOWE, P. M., Jaffrey, N. H.

The Abdominal Supporter may be obtained at the office of the Medical Journal, where orders for any other instrument on the list will also be received.

Dec. 9.—31

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. Nov.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	{Remarks.
	Therm. F.	P.M. F.	Therm. F.	Barom. F.	P.M. F.	Barom. F.			
1 Sun.	37	48	48	29.42	29.52	29.60	N W	Fair	{ Very pleasant days. Halo around the moon.
2 Mon.	33	48	44	29.79	29.84	29.83	S W	Fair	
3 Tues.	30	42	49	29.73	29.66	29.65	N	Fair	{ Halo around the moon.
4 Wed.	40	49	44	29.58	29.59	29.60	N E	Fair	
5 Thur.	38	40	48	29.50	29.42	29.40	N W	Fair	{ Halo around the moon.
6 Frid.	41	56	52	29.32	29.36	29.38	N	Cloudy	
7 Satur.	40	41	40	29.56	29.59	29.60	N E	Fair	{ Very stormy day and night.
8 Sun.	42	44	44	29.50	29.45	29.39	N E	Rain	
9 Mon.	47	50	47	29.08	29.04	29.05	N E	Rain	{ Very stormy day and night.
10 Tues.	37	52	48	29.24	29.30	29.30	N W	Fair	
11 Wed.	37	47	45	29.40	28.47	29.46	N W	Fair	{ Rain.
12 Thur.	41	46	45	29.11	29.32	29.30	N E	Cloudy	
13 Frid.	45	48	46	29.17	29.13	29.16	N W	Fair	{ Rainy night. Aurora borealis.
14 Satur.	34	45	43	29.31	29.33	29.33	N W	Fair	
15 Sun.	36	43	41	29.15	29.00	29.05	W	Cloudy	{ High wind. Snow in the night. Rainy forenoon. Aurora borealis.
16 Mon.	31	38	36	29.24	29.26	29.25	N W	Fair	
17 Tues.	25	40	37	29.30	29.26	29.26	N W	Fair	{ Snow storm in the night. High wind. Aurora borealis.
18 Wed.	32	36	35	29.27	29.20	28.13	N W	Cloudy	
19 Thur.	27	32	30	28.91	28.98	29.03	N W	Fair	{ Aurora borealis. Indications of storm.
20 Frid.	29	33	31	29.21	29.28	29.31	N W	Fair	
21 Satur.	23	36	35	29.50	29.52	29.54	N W	Fair	{ Snow commenced at 2 P. M.; rain at 4. Foggy; much ice on trees; evening, snow [squall and cleared off.
22 Sun.	28	30	32	29.60	29.54	29.45	N E	Cloudy	
23 Mon.	30	30	32	29.04	28.99	29.03	N E	Cloudy	{ Snow in the evening.
24 Tues.	34	43	40	29.38	29.48	29.52	N W	Fair	
25 Wed.	36	40	35	29.48	29.35	29.30	N	Cloudy	{ Beautiful sunset.
26 Thur.	32	35	34	29.09	29.12	29.15	W	Fair	
27 Frid.	26	38	24	29.30	29.40	29.44	N W	Fair	{ Cloudy
28 Satur.	25	35	36	29.51	29.46	29.45	S W	Cloudy	
29 Sun.	25	41	44	29.42	29.40	29.37	S W	Fair	{ Warm south wind.
30 Mon.	45	57	52	29.23	28.99	28.94	S W	Fair	

The month of November has been a cloudy, wet, cheerless season, but warm and favorable for the ingathering of the latter harvest. Much rain has fallen, and the earth is well supplied with water.—The range of the thermometer has been between 24 and 57; barometer, between 28.91 and 29.84.

A PHYSICIAN,

Who has been in practice twelve years, located in one of the most flourishing villages in New England, having a good share of practice, wishes to dispose of one half of his buildings (which are new and particularly designed for two families), to a physician with whom he wishes to be associated in business. None need apply without good recommendations. To such a one a great bargain will be given, and immediate possession. One who has had some years' practice would be preferred. Address the editor; if by letter, post-paid. Nov. 25.—

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	JOHN DELANATER, M.D.
Obstetrics, by	- - - - -	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1840.

D. 2.—6t

P. CLEAVELAND, Secretary.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, DECEMBER 16, 1840.

No. 19.

LEECHES.

[Communicated for the Boston Medical and Surgical Journal.]

THE following letter from Dr. Nichols, of Kingston, on the preservation and propagation of leeches, was read at the last meeting of the Counsellors of the Massachusetts Medical Society, and by them referred to the Committee on Publications. As it contains information of a highly interesting character to the profession and to the community at large, it is now, with the consent of the author, laid before the public.

To the Corresponding Secretary of the Mass. Med. Society.

DEAR SIR,—The great trouble and frequent impossibility of procuring leeches in the country, when I have felt the need of them, has induced me to seek out some way of preserving, and if possible, of propagating them. And I now take the liberty of communicating to you, and through you, to the Massachusetts Medical Society (should you think it worth the trouble), the result thus far of my experiment.

Some time last autumn, I was furnished with about a hundred foreign leeches. They were in a very unpromising state for preservation, having all been recently used and thrown aside for a time, then crowded into a small box, gorged with blood, and transported in this state over thirty miles. I had a box prepared about fourteen inches square, and six inches deep, covered with a lid so constructed as to admit air and light. Within this was a smaller box perforated. The inner box was filled with clay, the outer one with river water. Into this double box (which was provided with a stopcock for changing the water), I put the above-mentioned leeches. Six or eight weeks afterwards, I received about as many more, in the same unpromising state. Not wishing to mix them, I removed those first boxed into bottles of water, and found them well cleansed, and apparently healthy—with the very small loss of not more than four per cent. The parcel last received, I put into the box as before, occasionally changing the water, where they cleansed themselves, and were successfully preserved during the winter. Finding it inconvenient to change the water in the bottles as often as it was necessary in the cold weather, I prepared another box, about nine inches square, of the same depth, and covered with a lid as the first, but single, which I filled with common brick clay, broken up and moistened with water; and into it I put this parcel of leeches, and preserved them during the winter, by merely sprinkling them once in a week or ten days.

From these boxes (and mostly from the single one) I used from time to time during the season, in my own practice, as nearly as I can recollect, from three to four dozen. I also furnished my professional brethren Drs. Hayward and Warren of Plymouth, and Wild of Duxbury, with as many more. While I was using them in this way, I was often pleased to discover among them those of different sizes, from half an inch to an inch long, which I knew I had not put there, convincing me that my object was accomplished. And in the spring, on removing the clay and counting, I found, to my great joy, that my stock nearly held good.

Now, Sir, I have to express my conviction that this is not the best that can be done, and that I expect in future to do *very much better*. For during all this time I had been inattentive to the *manner* of their propagating, not recollecting that the leech is an *oviparous* animal; and every time that I rashly disturbed the clay to get a leech, I probably destroyed the eggs of a dozen. It was not till I accidentally found the cocoons amongst the clay last spring, that I was warned of the impropriety of disturbing the clay in taking the leech. This is easily avoided; for sprinkling with a little water will cause them to rise to the surface, and enable you to take them off at pleasure. I send you two of the broken cocoons, which I accidentally found, and shall probably be able to send you more, if desired, in a more perfect state.

At present my box of clay has not been broken up since the first of June; and by moistening it to-day (as I am often doing) for the purpose of taking some out for use, I find some of very small size; which causes me to hope, and confidently believe, that I shall be able, by-and-by, to render you a more satisfactory account, should you wish it.

Permit me, from what I have already observed to express to you my firm belief, that any of our brethren, situated as I am, in the country, may save themselves much trouble and expense by a little attention to this matter, and by purchasing fifty leeches, may by a *very* little care keep themselves provided for their life time. It was my intention, at our last annual meeting, to have made some statement on this subject to the whole Society; but want of time and opportunity prevented. My object is to do good, and if in your hands these imperfect suggestions can be made in any way conducive to that end, I am happy to submit them.

Kingston, Aug. 20, 1840.

With great respect, truly yours,

P. L. NICHOLS.

A MEDICAL QUESTION.

[Communicated for the Boston Medical and Surgical Journal.]

A YOUNG man, aged about 20 years, son of a farmer, left New England and resided in Virginia, an assistant teacher in a private school, for nearly two years, and returned home again to the labors of the farm. In this period he had suffered no illness, and on his return resumed, at once, with spirit, his share of work. His parents and family were not aware of any bodily indisposition, but it did not escape their notice that his

moral character had undergone a great change. From being a mild, pleasant and forbearing young man, he was now hasty, testy, impatient and morose, to such a degree that his friends feared he was insane—"crazy." Notwithstanding he followed his labor, indefatigably, and without complaining of indisposition, it was not many weeks after his return when it became obvious that he was losing flesh, and he was persuaded, very reluctantly, to have medical advice. He would not admit, to the physician, that he suffered pain of any kind—said his appetite was good, as it really was, and that food never oppressed him. His respiration was without any embarrassment, and the circulations seemed to be undisturbed—and with the exception of slow bowels and a rather dry and cool skin, he might have been thought to be in health.

This was his condition, without essential change, for weeks and months—restless, hurried, impatient, and all the time growing thinner—emaciating. At length, after some months, he became quiet, was negligent and indifferent, indisposed to labor or to much exertion of any kind, rambled about from place to place without object, avoiding society, and apparently taking no interest in the occurrences of the time. Still he would not allow that he was sick. The appetite continued good—but the bowels became more and more torpid, and were now seldom moved but by the use of drastic cathartics. At length this state of calm and indifference gradually resulted in loss of mental power. He became stupid, fatuous, lethargic, and finally apoplectic—and so died. Some few weeks before his death he had cough and expectoration of muco-purulent matter. He died about two years after his return from Virginia.

From this brief history of the leading symptoms in the case, can you or your correspondents account for this young man's death? The medical treatment is omitted in this sketch, as it had no great effect apparently in the progress of the disease. A more detailed account of this singular case is in preparation. But in the mean time, the writer would be glad to avail himself of professional speculations and opinions from this summary.

F.

Dec. 2, 1840.

PRECOCITY IN A BOY.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of precocious puberty in a female child mentioned in your Journal of Dec. 2, reminded me of quite a curious instance in a boy now living with his parents in this vicinity.

William S. W*** was five years old on the 9th of last August. At his birth he weighed eight pounds. During the first twelve months he did not grow with very remarkable rapidity; at eighteen months he had become uncommonly large, and has ever since continued to grow rapidly. He began to walk when about one year old, and to talk distinctly about a year later. Until within a few months he has been sprightly and energetic in all his movements. During the summer past

he has lost several pounds of flesh, and has seemed feeble and reluctant to engage in his ordinary amusements. He has never been very fat; on the contrary, rather lean. His appetite, until he was $2\frac{1}{2}$ years old, was delicate, and milk was his principal nourishment; after that period he began to relish other kinds of food and to eat largely, as much so at times as an ordinary laboring man. The parents suspect, that not having been with them during the past summer, the boy has suffered for want of a proper allowance of nutritious food, and to the latter circumstance, chiefly, they attribute his loss of flesh and activity. At the age of four years the child weighed 60 pounds avoirdupois; and when he was five years old his weight was 70 pounds, although, as his father stated, "he was quite thin at the time." His height is four feet six inches. His body is rather long in proportion to his limbs; when his health is good, his muscular strength is proportionate to his size.

The organs of generation began to exhibit an unusual development as early as the eighteenth month, and are now nearly of the adult size. There is a trifling growth of hair on the pubes. There is no evidence of excessive sexual desire, although on this point the parents are unable to speak decidedly. His voice for more than a year has been on the bass key.

He has habits of quick and accurate observation; his memory is retentive, and his mind of an inquisitive cast. He reads fluently in easy lessons, but no efforts of any description have been made to draw out his mental powers. His head is large; and, regarded phrenologically or otherwise, is well shaped. He is readily moved to tears—and injury produces grief rather than anger. His resentments, when they do arise, are rather sudden than lasting. Occasionally he indulges in bursts of mirth, but commonly his deportment is grave, with a prevailing air of melancholy.

In all the peculiarities of the boy there is a close resemblance to the early history of the father, who is now about 35 years of age, and who acquired his present stature at the age of *nine years*. The family from which the father's mother sprung has presented several instances of similar precocity, all of which occurred in the *male* descendants. In these instances there was uniformly the same peculiar conformation and want of symmetrical figure, produced by a long trunk surmounted upon short limbs.

There is one other circumstance connected with the ancestry of this lad, which although not absolutely pertinent and necessary to be related here, is exceedingly interesting to me, and I dare say will be so to a majority of your readers. I am induced to mention it, because it may serve as a key to modulate our expectations in regard to the future destiny of the child. The father is one of the ripest and most accomplished scholars in New England, and has for several years been distinguished and publicly praised for his poetical talents; and before he reached his 23d year he wrote a learned essay, which, although opposed by several rivals, won a premium offered for the best production on the given subject. The father's mother was likewise remarkable for intellectual endowments, and one rare attribute of her mind was that

whatever she read was retained in her memory like a nail driven in a sure place.

SILAS DURKEE.

Lynn, Dec. 1840.

OPERATION FOR CLUB-FOOT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you a short history of a case which accidentally came under my observation, believing the cause of humanity may be promoted by your inserting it in your valuable and extensively circulating Journal, that the afflicted may be informed where to apply for relief.

Miss Sawtell, of Groton, æt. 10, general health good, muscles well developed, had what is termed double varus of the third degree, as bad as it could well be, as the foot was nearly vertical. The point of support was the outer ankle, nearly up to the end of the fibula, and the foot so completely turned that the sole looked nearly upwards. The unnatural points of support were most of the time so much inflamed as to be very painful, and many times so much so as to prevent sleep. Walking, or rather hobbling, was exceedingly difficult and painful, precluding all expectation of her limbs ever being of much service to her. Upon being informed of the improvements in surgery, and of the skill and success of Dr. John B. Brown, of Boston, her friends determined to place her under his care, which they did the 14th of May last, where she remained until the 23d of August, when she returned with her feet entirely changed, so that she placed the sole of the foot perfectly upon the floor, with the soles in the position they should be, in relation to the limb, neither in nor out too much. When the muscles and tendons have had time to become accustomed to their present position, and regain full strength, I think it will be a case of complete success, and that she will not only walk with ease, but elegance. A. H. WILDER, M.D.

Groton, Ms., Dec. 4, 1840.

MEDICAL SOCIETY OF DELAWARE.

[OUR correspondent was too late for the object he had in view. We are obliged to him, however, for his attention.]

This Society was incorporated by the Legislature of the State in the year 1822, under the title of "The President and Fellows of the Medical Society of Delaware." Its charter is perpetual. Its meetings are annual or occasional. The former are held on the second Tuesday of May; the latter at the call of the President and Fellows. These meetings may be held at any place within the State. An oration and two lectures are to be delivered before the Society at each annual meeting. The officers of the corporation are a President, Vice President, Treasurer, Secretary and four Censors, who hold office for one year. Candidates for Fellowship must be nominated to the Society by a mem-

ber, and may be elected by the votes of a majority of those present. The Society has power to elect by ballot a Medical Board of Examiners for the State of Delaware, whose duty it is, by law, to grant license to practise medicine and surgery in the State to any person applying therefor, who shall produce a diploma from a respectable medical college or be found qualified upon full and impartial examination. The penalty for practising without such license is a fine, in every case, of not less than fifty dollars, nor more than one thousand dollars, according to the discretion of the court. An exception to this last provision has been made by the Legislature, within the last four years, in favor of Thomsonian practitioners. The following is a list of the officers of the Society for the year ending May, 1841, viz.:—*President*, James Couper, M.D., of New Castle. *Vice President*, John D. Perkins, M.D., of Smyrna. *Treasurer*, William W. Morris, M.D., of Dover. *Secretary*, Isaac Jump, M.D., of Dover. *Censors*, Drs. H. F. Askew, C. H. Black, W. W. Wolfe, J. I. Gillis. *Medical Board of Examiners*: For New Castle County, Drs. I. Thomson, C. S. Green, H. F. Askew, I. S. Naudain, C. H. Black. For Kent County, Drs. S. M. Fisler, W. W. Morris, G. S. Layton, H. Ridgely, W. Cummins. For Sussex County, Drs. W. W. Wolfe, Maull, Dingle, J. I. Gillis, Rickards. *Orator*, Henry F. Askew, M.D., of Wilmington. *Lecturers*, Drs. I. D. Perkins and I. L. Mitchell.

The Society will meet in the City of Wilmington on the 2d Tuesday of May, 1841.

CASE OF OSSEOUS FORMATION IN THE EYE.

BY JOHN JEFFRIES, M.D., SURGEON OF THE MASSACHUSETTS EYE INFIRMARY.

[Communicated for the Boston Medical and Surgical Journal.]

THOS. CUMMINGS, aged 22, a native of London, England, by trade a tailor, had his cheek burnt, when two years old, from the left eye to the mouth. The eschar of this has never produced ectropium; but he had inflammation of the eye at that time and subsequently. His eye never recovered wholly from this, but continued weak and subject to inflammation, with the vision becoming defective, until, at ten years of age, the sight of that eye was wholly lost. The attacks of inflammation were then as frequent as every six months, and subsequently more frequent. In 1825 the eye was much inflamed, and painful all the winter and part of the next summer. In September, 1826, the right eye became inflamed, and the left was relieved of pain. About March, 1827, the pain had returned more severely in the left eye, and extended across the nose to the right eye; from this he had never been free up to the time of his admission into the Infirmary. The pain was sometimes mitigated, but never wholly relieved. Light became more and more intolerable until the photophobia was insupportable. He had a sense of pressure in the left eye extending to the back of the head. He could not bear the light but for a few moments at a time, and was compelled

in general to cover the eye with a bandage. His nights were sleepless. He was pale, wan and emaciated, dispirited in mind, and appeared to be wasting under the severity and duration of his sufferings.

This was his condition at the time of his admission into the Infirmary, July 6, 1839. The appearance of the eyes at this time was this. The globes of both eyes were small and sunken; the left was still less in size than the right. The right globe was unusually firm to the touch—the lids were soft, and the skin flabby and weak. The conjunctiva was loose and considerably injected. The straight vessels were distinct under the conjunctiva, and there was a slight zone around the cornea. The iris was sound, and the pupil of natural size and clear. In the left eye the conjunctiva was not inflamed. The globe was quite hard and had lost its whiteness. The cornea was clear, but flattened. The iris had lost its color, but retained something of its striated appearance; it was immovable, and at the pupil, which was of half its natural size, it was adherent to the lens. The lens was of a light brown color, and in union with the iris bulged forward into the anterior chamber; it appeared to be disorganized and indurated. I supposed that the pressure of the lens upon the iris in this eye was the cause of his sufferings in both eyes, and that it must be extracted before he could be much relieved. After occasional local depletion, which always gave him some ease, I operated to remove the lens on the 15th July, 1839. A full section of the cornea was easily made, but as soon as the lens was touched by the curette it fell to the bottom of the globe, and there was a discharge of dirty water from the globe. This showed that the textures were disorganized, and as the lens could not be removed through the cornea under these circumstances, a horizontal section was made of the sclerotic including the iris, and the lens was readily removed by the ring forceps. It proved, on examination, to be a distinct ossification. The pain across the nose and in the right eye was immediately removed by the operation, and the pain at the fundus and in the head was much relieved. This relief continued for about a week, when the pain returned in the bottom of the eye and in the head; and shortly after there was again something of the painful stricture across the nose. The distress in the eye increased in aggravation. He could not lie a moment on his back or side without agonizing pain at the bottom of the eye and through the head. His position was to lie on his face with his fingers pressing upon the sides of the globe as if to press it forward. The wound from the operation readily healed, and the globe became again full and hard.

As he obtained no relief from such slight local depletion as he could bear, and was daily sinking under his sufferings, it was deemed inevitable that his eye should be extirpated. This I did on the 30th of August, 1839. Although he was exceedingly feeble at the time of the operation, and suffered much by it, he was immediately relieved by the removal, saying that he felt like a new man. He recovered pretty well from the operation, with the exception that he was retarded by trichiasis for a short time. He had, however, frequent turns of inflammation of the right eye, which remained hard to the touch and very sensitive to the light—so much so, that for some months it appeared doubtful if the

right eye was not taking on the same disorganizing action that had destroyed the left. He however ultimately recovered, and in the summer of 1840 was enabled to support himself as a domestic in one of the large hotels of the city.

Section of the Globe.—On opening into the globe, from the anterior part to the entrance of the optic nerve, it was found to contain a dark-colored serum. There was no appearance of the lens or capsule, nor of the vitreous humor or retina. On one side there was an osseous formation, extending from the roots of the ciliary processes quite back to the papillary eminence of the optic nerve as it enters the globe. This deposit was about two lines in width. At the anterior part it had the appearance of dense ligament or cartilage, but it soon became distinct bone towards the middle of the eye. At its posterior extremity, where it met the optic nerve, it presented spiculi of bone, the points of which would prick the nerve when the globe was drawn back by the muscles. This appearance accounted for the relief which pressure, transversely, afforded him, which by lengthening the globe in a direction forward would draw the points of bone from the optic nerve. The portion of bone appeared to be a new formation, and not the change of structure of another texture. It was attached by one surface to the choroid, and the other surface was presented to the cavity of the globe. The choroid was entire under the deposit, and indeed did not exhibit much appearance of disease, excepting that the pigmentum nigrum was deficient.

This is the only case of distinct osseous formation that I have ever met with in the eye. I have seen the other textures of the eye become ossified, as was the case with the lens in the globe; but not a new formation of bone as this was. The cases on record of ossification of the textures of the globe are not unfrequent; and there are some, as in Wardrop, where a piece of bone was found between the choroid and retina, which like this appeared to be new deposits of bone.

Boston, Dec. 11, 1840.

WORMS IN THE LUNGS OF SWINE.

[Communicated for the Boston Medical and Surgical Journal.]

A FEW days since, my lady brought into my office four worms, which protruded themselves from a portion of the lungs of a swine which had been butchered three or four hours previous to the discovery. She had cut a piece from the lower part of one of the lobes and thrown it upon the gridiron to broil for a favorite cat. As it became more than naturally heated, she saw them rising out of their cells, contorting themselves into every conceivable manner of figures. They were alive and in motion when I first saw them, but ceased to move soon after. The longest measured two and a half inches in length—the others, from one and a half to two inches. When viewed by the microscope, they resembled, except in size, the *ascaris lumbricoides* as described by Dr. Good (*Study of Medicine*, Vol. I., p. 200). I regret exceedingly, that, being called away in haste, I did not preserve them, and that I had not an oppor-

tunity of examining the remaining part of the lungs. These worms were represented to me as coming from cells enlarged by their presence, the walls of which were hardened and thickened. The shote from which the lungs were taken was eight or nine months old when killed, and fattened under my own observation. It fatted well, and I never had supposed that it was in the least diseased. E. G. WHEELER.

Unionville, Dec. 9, 1840.

POSTAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We observed in your Journal, the other day, a short communication signed C., under the head of *Vexatious Postage*. Your correspondent protests against the imposition sometimes practised by booksellers and publishers, by sending their circulars through the post-office, and taxing him with the postage of their own letters. This seems to be a trifling affair to be made the subject of a formal complaint, but still it is an imposition in the form of a tax, and however small may be the sum, it will never be quietly submitted to by the descendants of the old Boston *Tea Party*. We know not that editors and publishers have any exclusive privilege of taxing individuals through the post-office for the circulation of their advertising bills. With as much propriety might the merchant of New York or Boston send his shop-bills through the country by mail, containing the important information that he had on hand a splendid assortment of superfine broadcloths and cassimeres, which he was selling off at reduced prices for cash only, and leave the individuals to whom the letters were addressed to pay the postage. We have generally disposed of such documents by enclosing them in blank wrappers, and sending them by mail to the place from whence they were issued—notwithstanding the never-varying rule of the fraternity, that all letters addressed to them must be *post-paid*. D.

INFLUENCE OF PROFESSIONS ON HEALTH.

[PROF. FUCHS, of Wurtzburg, in Germany, has lately given to the public some interesting observations, in a work entitled "A Statistical Memoir on the Influence of various Professions on the Health and Mortality of Mechanics and Artizans in the prime of life; founded on the Tables of the Institution for Sick Mechanics in Wurtzburg from 1786 to 1834." It will prove a valuable addition to medical statistics, and with other works on the subject of the influence of professions on health, will assist in bringing the laws relating to this important part of hygiene within the knowledge of the profession. The following is the concluding part of a notice of Prof. Fuch's labors, in the last No. of the British and Foreign Medical Review.]

To sum up the results of this investigation, in reply to the question—
 "What influence have professions on the morbidity and mortality, inde-

pendently of the form of malady: what professions are healthy, what unhealthy, and why are they so?" Dr. Fuchs lays down these inferences:—

1. The influence of professions on the morbidity and mortality in general is remarkable; the difference in these respects between particular professions is great.

2. The mortality and morbidity do not always proceed in the same ratio. Many professions have great numbers sick and few deaths—and the reverse: only 8 professions (see table) are equally distinguished by a high morbidity and relative mortality; and 16 others have few sick and proportionally few deaths.

3. According to the absolute *mortality*—according to the loss which a given number of individuals belonging to the same profession suffer in a year—22 professions are unhealthy, 34 are healthy.

4. Some agencies regulate the frequency of sickness (morbidity), others the fatality of diseases (relative mortality); and hence it is clear that in particular professions the number of sick, while in others the number of deaths, will be high, without the one invariably answering to the other.

5. The absolute mortality, on the contrary, is only influenced by causes which either uniformly raise or lower the morbidity and relative mortality, or exercise a *preponderating influence* on one of them; and is therefore, although its oscillations are generally of a more limited extent, the surest measure of the salubrity of professions.

The results of the present investigations appear then to indicate that the following circumstances connected with professions augment the mortality:—slight muscular exercise, bad wages, constant sitting, the bent posture, exposure to changes of temperature, low spirits, cold, moist air, cold dry air, working in-doors, mineral dust. They confirm the conclusions of Dr. Lombard with regard to the unfavorable influence of penury and misery on health, one of the best-established principles in statistics. A sedentary life is shown by each series of observations to be injurious. That education promotes health is, on the contrary, established by both. With regard to the influence of dusts and vapors, the results differ; in fact, neither possessed the means of deciding this question.

This memoir displays great industry, accuracy, and considerable acquaintance with statistics; in many respects it merits more attention than anything that has yet been written on the hygiene of professions. One capital fact it establishes, that in favorable circumstances 1 man in 4, or 22.8 per cent., has an attack of sickness annually; or, more precisely, 23 per cent. apply to friendly societies on the ground of sickness.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 16, 1840.

LIBRARY OF PRACTICAL MEDICINE.

ANOTHER beautiful volume of the series under the editorial supervision of Dr. Tweedie, from the press of Messrs. Lea & Blanchard, has reached New England, which demands something more than a mere passing record. It is due the publishers to speak of the unexceptionable manner in which the mechanical part of the work is executed, since typographical excellence is appreciated by medical men as much as by any other denomination of readers. A firm, white paper, and a clear, distinct letter, are certainly recommendations that cannot be overlooked by those who have any taste in the appearance of a volume destined to hold an abiding place in a well-selected library.

Here are twenty-four elaborate dissertations on exceedingly important medical subjects, emanating from elevated sources, and exhibiting as much talent and deep research as can be found in the annals of modern medicine. The character of each essay, however, is enhanced, valuable as they were before, by the critical contributions and elucidations of Dr. Gerhard, of Philadelphia. He is doing good service—and it requires no prophetic promptings to discover that his indefatigable industry will greatly promote the interests and dignity of medical science in the United States.

Dr. Bennett is the author of seventeen of the twenty-four articles, embraced within the compass of 551 royal octavo pages. In fact, the essential part of the whole book was written by him. There is a depth of thought—a soundness of philosophy—together with a practical value, apparent in each article, rarely equalled by other writers. This is praising strongly, and almost without qualification; but in withholding a commendation that is felt to be proper, we should be wronging him, in the estimation of American practitioners, who should be persuaded to study these finished productions of a very gifted man.

Drs. James Hope, J. C. Prichard, R. H. Taylor and Theophilus Thomson, are the other authors who have contributed to the present undertaking. Neither of them, however, successful as they may have been in the departments to which the powers of their minds have been devoted, shine so conspicuously as Dr. Bennett. The dissertations embrace the following topics, viz.:—Diseases of the nervous system; inflammation of the brain; hydrocephalus; apoplexy; insanity; delirium tremens; cephalalgia; epilepsy; catalepsy, and allied affections; spinal irritation; spinal meningitis; myelitis, or inflammation of the spinal cord; hydrorachitis; spinal apoplexy; chorea; hysteria; tetanus; hydrophobia; neuralgia; paralysis; barbiere; inflammation of the eye; amaurosis, and inflammation of the ear.

We would not be understood as insisting upon the absolute perfection of these dissertations: on the contrary, there are loop-holes and sand bars to be met with, that may stagger those who are conversant with the whole system of medical literature. There are expressions that may ex-

cite surprise, not so much by their novelty as their commonness. Nevertheless, as a whole, the essays are unsurpassed, in modern times, in clearness, method and good sense.

Whether the publishers of the Library meet with encouragement or not, we have not been apprised. Certainly we hope they will find a ready sale. In this hope, perhaps, there is selfishness mingled with patriotism. If the series is continued, as seems to be contemplated, we expect to share the advantages that will accrue to the profession. If the enterprise languishes, or finally fails altogether, the loss will be one that should be deplored. A complaint is not unfrequently made that practitioners do not sufficiently sustain American publishers. This, to some extent, may be true; yet it is believed that in proportion to their numbers, and considering how poorly they are compensated for their services, they do far more than the members of the other liberal professions towards sustaining the trade.

Massachusetts Charitable Eye and Ear Infirmary.—Drs. Jeffries and Reynolds have made a report of their joint surgical labors in this institution, in 1840; from which it appears that, for the year ending the 29th of October, the whole number of patients treated at the Institution is 710. Of these the out-patients were 610; received and treated in the house, 100. With diseases of the eye, 564; with diseases of the ear, 146. The results of the diseases in the house, at the time of leaving, were:—Recovered, 43; much improved and recovering, 18; improved, 4; no improvement, 15; not treated, 9; under treatment, 11.

Our readers are referred to an important communication in this day's Journal from Dr. Jeffries. The formation of *bone within the eye* is indeed an extraordinary occurrence, which an operator less skilled than our respected correspondent, might not have detected.

Army Meteorological Journal.—This is a compactly-printed document of 161 octavo pages, that redounds to the honor of the Surgeon-general of the United States Army, Thomas Lawson, M.D., under whose direction the immense mass of materials of which it is composed, was methodized and put into its present correct and scientific form. It is a meteorological register for the years 1826–27–28–29 and 30—appended to which is a meteorological register for 1822–23–24 and 25, compiled under the supervision of the late Dr. Joseph Lovell, the predecessor of Dr. Lawson. As far back as 1819, under the direction of the Secretary of War, a system of meteorological observations was commenced, and zealously prosecuted by the lamented Dr. Lovell. Dr. Lawson, in the prefatory remarks, says, "As the observations presented, extend over the entire domain of our States and Territories, it may reasonably be assumed that the results exhibit a fair expression of the general laws of our climate," &c. We are delighted with the orderly manner in which the tables are constructed—the perfect finish discoverable on every page; and, lastly, we are greatly obliged to Dr. Lawson for having remembered us with a copy. When a few other papers are disposed of, we shall again advert to this valuable compilation.

Address at the Funeral of Caleb Ticknor, M.D.—Unusual as it may be to notice an address like this in a purely scientific periodical, we should

certainly feel that a duty had been neglected, were the admirable discourse delivered by the Rev. Adam Reid, at Salisbury, Conn., Sept. 23, 1840, passed over in silence. It is an eloquent, yet a solemn eulogium, which, while it reminds us of our own mortality, brings into vivid remembrance the powerful intellect that once animated the remains of him over whom this beautiful tribute was delivered. Dr. Ticknor was indeed a loss to the world; but no one can estimate the severity of the affliction to a bereaved family. The reverend gentleman need not have apologized for his work; it will stand the ordeal of literary criticism, and be regarded as an evidence of his christian benevolence.

Edwards's Outlines of Physiology.—A short time since we announced that Dr. J. F. W. Lane was engaged upon the translation of that portion of this valuable work, which would prove interesting to the medical student not less than to the reader in general. We now learn that the work is shortly to be issued from the press of Messrs. Little & Brown, and in their best style. The work is divided into the several parts of anatomy and physiology, according to the functions and the organs engaged in their performance, and embraces just so much of the animal kingdom as will illustrate the human apparatus. It is embellished with numerous handsome engravings adapted to the text, and will form, it is believed, when finished, a volume worthy of a place in any library, and of the name of the author of the original, H. Milne Edwards.

The Medical Almanac for 1841.—Besides the statistics of the medical schools and hospitals, there is contained in this volume many articles of practical value, viz., one on Insanity and Institutions for the Insane in the United States, by S. B. Woodward, M.D., of Worcester; Short Sentences on Auscultation, by H. I. Bowditch, M.D., Boston, embracing a mass of instruction in this important branch of medical practice; on Auscultatory Percussion, by D. J. Macgowan, M.D., of New York; Statistics of Phrenology in the United States; Surgical Operations in Hartford County, Ct., by A. Brigham, M.D., Hartford; Division of the Muscles of the Eye for Strabismus, by J. H. Dix, M.D., of Boston; Dislocations, by Robert Capen, M.D.; Wounds from Dissection, by J. F. W. Lane, M.D.; Burns and Scalds, by Edward Warren, M.D., Cambridge; on the Respirator, or Breath Warming Instrument, by H. I. Bowditch, M.D.; &c. &c. To all the medical journals with which we exchange, copies were sent last week. It being compactly printed, they can be sent by mail to every part of the country at a trifling expense. The cost of a copy, depending on the binding, may be learned in the advertisement. We recommend the pocket-book form as the most useful to physicians and students.

Dr. Howe's Instruments.—From time to time, for several years past, we have noticed the ingeniously-devised surgical instruments of Dr. Luke Howe, of Jaffrey, N. H. With a most accurate knowledge of human anatomy, he combines a mechanical genius that gives a superiority to his inventions over those which ordinarily come under our observation. No advantages are lost, and everything is gained in the application of them that is desirable in the eye of the surgeon. An effort should be

made to have navy and army surgeons supplied with them. Dr. Howe asks for neither patents nor pecuniary profit, and for this very reason we are compelled to speak cordially in behalf of modest merit, and untiring industry in the cause of practical benevolence. A list of Dr. H.'s instruments may be found on our advertising page.

Preservation and Propagation of Leeches.—An article of peculiar interest and importance to practitioners and naturalists, is commenced on the first page of this day's Journal. Enoch Hale, M.D., of this city, kindly forwarded the communication, for which we tender him our thanks.

Devotion to Medical Science.—From the Lowell Journal, a valuable paper with which we have exchanged many years, we take the following interesting paragraph. It will be recollected that Mr. Terry's death was recorded in this Journal at the time of its occurrence, but the circumstances alluded to in the extract were wholly unknown to us.

"It is stated in an obituary notice of Mr. John S. Terry, a medical student who died at South Boston, on the 18th ult. at the age of 24, that his attachment to the cause of medical science, and the nobleness of his disposition, were affectingly exhibited near his closing scene, when he called his weeping friends to his bed-side, and after observing that the medical faculty had been very kind to him, expressed a desire that his body, as the only return which he could make, might be given to them to promote that science, to which he had devoted his life, and which he could now serve only in death. When he found that friendship and affection would not consent to this, he expressed a desire to sleep beneath the shades of Mount Auburn. His class-mates immediately raised the sum necessary to erect a monument."

Retirement of Dr. Carswell from University College.—Dr. Carswell having been appointed physician to the King of the Belgians, has sent in his resignation, as professor of morbid anatomy in University College, and as physician to the hospital. On Dr. Carswell's retirement being known, a large meeting of the students took place, at which it was unanimously resolved to present an address to him, expressing their regret at the loss of his services, and their admiration of his character as an eminent cultivator of medical science, as a teacher, and as a man.—*Lancet*.

A Case of Typhoid Fever terminating in Acute Peritonitis.—Dr. Clark reported to the New York Medical and Surgical Society, the case of a girl, 19 years of age, who had led a dissolute life, stout, of sanguineo-lymphatic temperament, who was attacked with typhoid fever. The disease ran nearly its usual course till the eighteenth day. The typhoid eruption had appeared on the chest, arms, &c.; intellect was disturbed; there was deafness, moaning, prostration, tremulous and uncertain motion, but no gargouillement, or tenderness in the right iliac region, and no diarrhœa. On the eighteenth day of the disease, marked symptoms of peritonitis occurred. The pain, tenderness, &c., that indicated its invasion, were soon followed by green vomiting, tympanitis, &c., and in three days by death. On post-mortem examination, the intestines, liver and stomach

were found covered with a thick layer of plastic lymph; a small quantity of milky serum in the cavity of the abdomen. Lymph was found effused into the middle coat of the stomach, and what is believed to be very unusual, *between the layers of the peritoneal covering* of this organ. The mucous membrane of the stomach and of the jejunum was highly injected, but no *perforation* could be discovered; and *the glands of Peyer appeared perfectly healthy*.—N. Y. Journal of Med. and Surg.

Medical Miscellany.—Dr. Alcott has been writing a tract on the health of common schools.—Dr. Harlan's translation of the celebrated French work on embalming, meets with encouragement: it should be patronized, for it is a meritorious production.—There are nine persons over 100 years of age in the county of Hanover, N. C. One of the number is white, and 108 years old.—It is said that suits have been commenced against druggists in the United States, who in the aggregate are under bonds to the amount of \$300,000, for infringing upon the right of Brandreth to manufacture pills. They deserve to be fined for imitating nothing better.—Thomas McFaden died at Embden, Me., Nov. 17th, at the age of 100 years and 21 days.—Medical students are reminded that the school of medicine, at Bowdoin College, will soon be in active operation. The board of faculty, with excellent and competent professors, the same as last year.—Dr. Davenport, of this city, known abroad by the valuable papers heretofore published in this Journal, on diseases of the eye, has recently performed the operation for the cure of strabismus, and succeeded admirably.—Dr. John Randolph has gone to England and France, as a government messenger, with despatches to our ministers in the two kingdoms.—Dr. Peter Parker, the celebrated American surgeon at Canton, has arrived at New York, from China. His loss must be greatly deplored in that country. He was often consulted by Chinese invalids from distances in the interior of the empire.—Cases for surgical practice seem to increase at the weekly examinations at the Medical College in Albany.—A lady of Salem has bequeathed twenty-five thousand dollars to the McLean Asylum for the support of the poor insane from the county of Essex.

TO CORRESPONDENTS.—Dr. Hayward's paper on the tendons, before alluded to, will appear next week; and the week following, the concluding No. of Dr. Paine's Reply, which has been crowded out by other articles, will be published.

MARRIED.—At Gorham, Me., Dr. John Pierce, of Edgartown, Mass., to Miss C. McLellan.—At Westport, W. H. A. Crary, M.D., of Fall River, Mass., to Miss A. H. White.—At Hingham, Mass., Dr. J. H. Foster, of New York, to Miss M. H. Lincoln.

DIED.—At Andover, Dr. Nathaniel Swift, 62.—At Philadelphia, suddenly, William Cheeks, M.D.

Number of deaths in Boston for the week ending Dec. 12, 20.—Males, 10—females, 10. Stillborn, 2. Of consumption, 7—lung fever, 3—bilious fever, 1—infantile, 2—croup, 3—typhous fever, 1—old age, 1—apoplexy, 1—chronic ulcer of the bowels, 1.

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THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, DECEMBER 23, 1840.

No. 20.

REMARKS ON THE DIVISION OF TENDONS.

BY GEO. HAYWARD, M.D.

[Read before the Boston Society for Medical Improvement, Nov. 23d, 1840, and communicated for the Boston Medical and Surgical Journal.]

THE division of tendons for the relief of lameness and deformity is now attracting no small degree of attention. While it is regarded by many as one of the greatest improvements of modern surgery, there are others, perhaps, who contend, that all which is accomplished by it can be attained as easily, with less suffering and danger, and in as short a period of time, by suitable apparatus. I am not, however, I confess, prepared to subscribe to the latter opinion; though I would not deny that more can be effected by machinery in many cases of deformity than is generally supposed.

It is well known to those who have given the subject much attention, that there was hardly any improvement in the mechanical means employed in the treatment of club-foot for more than two thousand years, from the time of Hippocrates to our own. Nor am I aware that anything valuable in this way has recently been invented. We certainly know that deformities of a most painful and annoying character are now removed by a slight operation, and without a long and tedious confinement; and we know, also, that until the practice of this operation, numberless individuals, and some of them of the highest rank and most ample means, have carried similar deformities to their graves. Many such persons have expended large sums of money, and cheerfully endured the sufferings almost necessarily attendant on the long-continued application of complicated apparatus, in the hope of relief, but few of them have derived much benefit from these means, and most of them have remained cripples through life. No one will believe that Sir Walter Scott or Lord Byron would have submitted to their infirmity as they did, if there had been in their time any known method of cure; and it can now hardly be doubted, that they might have been cured by a slight operation, followed by a few weeks of confinement. They certainly had access to the best science and skill of Europe, and they surely would not have been slow to have availed themselves of them, if they could have done anything in their case.

It will be difficult, I am sure, to persuade those who have divided tendons for various kinds of deformity, to abandon the operation, unless some method equally prompt and efficacious can be found as a substi-

tute. If there be any such at the present moment, I am ignorant of it; and I am also ignorant of any important objections that can be made to the operation of tenotomy. It is admitted that a re-united tendon becomes nearly, if not quite, as strong, pliable, and in all respects as useful, as one that has not been divided. The operation as now performed is easily done, and causes but little pain. It is safe; it has in no instance, that I am aware of, been productive of bad consequences; the hemorrhage is slight, and in no case, of which I have heard, has there been any tetanic symptoms after it. It is applicable to some kinds of deformity, as that of strabismus, to which no apparatus can be applied, and in most others I believe that it will make the mechanical means far more efficacious if it be done before their application. The benefit resulting from it, has not, perhaps, been equal in all cases to what was anticipated, but it has, I am confident, very often done more good than any but the most sanguine would have expected.

Some persons seem to be surprised that the operation for club-foot was not done at an earlier period; but I confess that I am rather astonished that it was attempted as soon as it was, when I consider the objections that were supposed to exist to it. In the first place, it was thought, till recently, that most cases of this deformity were the result of a malformation of the bony structure of the foot, and that the contraction of the tendons was the consequence of this malformation. Now if this had been the efficient cause of the difficulty, it must be apparent that the mere division of one or more tendons would not be very likely to remove it. It is singular, to be sure, that this opinion should have prevailed among intelligent surgeons, and it probably owed its origin to the fact that when dissections were made of club-feet, they were either the club-feet of adults, or those of individuals who had for some time walked on them, and not the club-feet of new-born infants. If the latter had been examined, it would have been found that there was in most cases but a slight change in the bony structure of the part, with a trifling displacement of the bones, and that the form of the bones differed but little from that of those of the normal foot.

There is another circumstance, too, that one would have thought sufficient to prevent the adoption of this erroneous opinion, and that is that club-foot is by no means always congenital; that it frequently follows disease that is attended with contraction of the tendons, and that it increases in degree from the mildest to the severest form.

Notwithstanding all this, it is certain that the opinion to which I have alluded was universally adopted, and was not called in question till the time of Scarpa. He attributed the difficulty to the right cause, muscular action, and denied that there was any considerable deformity of the individual bones, except what arose from the preternatural mode in which the patient had been compelled to walk. He demonstrated in the clearest manner, as has been stated by Duval, that in most cases of club-foot the bones are not luxated, but merely drawn from their natural relations to each other. This he did in a memoir which he published in 1803. But few, if any, adopted his views, and the opinions of surgeons remained, till very recently, unchanged upon this point. The

present operation, therefore, would of course have been regarded by them as unphilosophical and not calculated to effect the object for which it was intended.

But admitting that a correct notion had been entertained of the nature of the deformity, there is another objection to the operation that probably exerted a considerable influence. I allude to the difficulty with which tendons were supposed to unite after having been divided. It was formerly thought that this could not be accomplished unless the divided ends were kept in close contact, and various contrivances were made to effect this in those cases in which there had been an accidental division of the tendo-Achillis. So that if a correct view had been taken of the nature of the trouble, surgeons would have been slow to adopt the proper means of relief. It is now ascertained, however, that tendons, like other parts, readily unite, provided the separation of the divided parts is not much greater than ordinarily takes place. This is usually accomplished in the tendo-Achillis in from three to six weeks, the difference of time depending somewhat on the age and constitution of the patient. It has been satisfactorily proved by experiments on inferior animals, that union will take place if the separation of the divided ends of the tendon does not much exceed two inches.

There is another reason, probably, that had its effect in preventing the operation of tenotomy, and that is the fear of producing tetanus by it. This formidable malady so often following wounds of tendons, would naturally make surgeons cautious how they divided them, and though they must have seen numerous cases in which this took place from accident without any bad effect ensuing, they would not be eager to do it voluntarily. They did not seem to be aware, that while a wound of a tendon is always an alarming injury, its complete division is rarely followed by bad consequences.

It will then, perhaps, be admitted, that it is not surprising that the operation of tenotomy was not attempted at an earlier period, and that consequently the highest degree of credit should be awarded to the distinguished surgeon who has in our time satisfactorily shown by his own practice that it is both safe and useful. The few cases in which the operation was done before the time of Stromeyer, either from the manner in which it was done, or the severe suffering consequent on it, or the length of time requisite for a cure, or from some other cause not hitherto explained, had no effect in introducing it into general use.

The first case of which there is any record, of a division of the tendo-Achillis for the cure of club-foot, occurred in the latter part of the last century at Frankfort, and the operation was performed by a surgeon of the name of Lorenz. He divided the integuments over the tendon as well as the tendon itself, and the case is reported to have been ultimately successful. That the cure was not speedy is probable from the fact that the operation was not again attempted till the year 1811, about thirty years after, when Michaelis recommended a modification of it, consisting in a partial division of the tendon, and this he is said to have practised with much success. About the same time Sartorius, of Nassau, published an account of an operation of this kind, but of a very severe character,

in which he exposed the tendon freely before he divided it, and then violently bent the foot on the leg and ruptured whatever tended to prevent the flexion. The recovery was not only tedious, but the joint became ankylosed. I am ignorant of the details of the operation in all these cases. I have never seen the original accounts; but Delpech states that they are very imperfectly given, and that the precise mode of operating is not described in any of them. He was satisfied that in all of them the skin was very freely divided over the tendon, and to this he attributes in a great measure the want of success; the access of air to the divided ends of the tendon, he supposed, excited an undue degree of inflammation. When he operated, therefore, which he did in the year 1816, on a boy of nine years of age, he determined, if possible, to guard against this. This case he has given at length in the first volume of his clinical surgery, and describes minutely the mode in which the operation was performed. He did not divide the integuments directly over the tendon, but introduced a bistoury between them and the tendon and carried it completely through, so as to divide the skin on both sides to the extent of an inch, together with the cellular texture over the tendon, and he then with another knife, with a more curved edge, divided the tendon itself. But whether from the too great exposure of the tendon or some other cause, the ends of it ulcerated, portions sloughed off, and abscesses formed in various parts of the limb. He never repeated the operation. It is said, however, that the patient ultimately recovered, but it is apparent from the account that his cure was tedious, and that his sufferings were great. In fact, Delpech says, in concluding his notice of the case, which he published seven years after the operation, "The patient now enjoys perfect health; and with the aid of a suitable apparatus, which it is my intention he should wear for many years to come, he excites, by his rapid and confident mode of walking, the astonishment and admiration of all who knew him before the operation." If the result in this case was to be considered favorable, it is not surprising that the operation was not repeated, for as much, probably, might have been gained in the same length of time by proper apparatus and manipulations, without suffering or hazard to the patient. The deformity was that of *pes equinus*, and I am confident that I have seen a patient on whom I have performed Stromeyer's operation for this difficulty, in a far better condition, without having suffered at all, at the end of seven weeks, than Delpech's patient was at the end of seven years.

Such a result was not likely to bring the operation into use, and in fact it does not appear that it was again attempted till it was performed by Stromeyer, of Hanover, in 1831. His method, however, was somewhat different, and has been crowned with the most signal success. He makes the external wound as small as possible, and does not, if it can be avoided, carry the incision through the opposite side of the integuments. The great secret of the success seems to be in making the operation in a great measure what it has been called, a sub-cutaneous one; the failure in the former cases having arisen, apparently, from the free incision of the integuments and the consequent exposure of the tendon.

The tendo-Achillis, as is well known, is by no means the only one that is the subject of operation. Those of the ham, the fingers, the fore-arm, the neck and the eye, have been divided with the happiest effects. In fact, it has now become common to divide other parts, when necessary, for the removal of lameness and deformity, and for this purpose the fascia, muscles and ligaments of many parts have been subjected to a like operation, not only without producing any unpleasant consequences, but frequently with the best results.

It is feared by many that this operation may be carried too far, or, in other words, that it may be resorted to in cases in which it can do no good, but may do mischief. But an argument drawn from its abuse should have but little weight; a similar one might be urged against a variety of others that are daily performed by surgeons. Tenotomy is always safe and often useful in the hands of a skilful man, and it should be attempted by none other.

My own experience with the operation has not been sufficiently extensive to make it of much value. But such as it is, it is altogether in its favor. During the year past I have operated in thirteen cases; eight of these were of that kind of deformity known by the name of varus, four that of pes equinus, and one with a contraction of the knee-joint consequent on synovial inflammation. Ten were entirely relieved in a short time; the period varying from six weeks to five months; the difference arising from the different ages of the patients and the degree of deformity; and of this number all of them, I have no doubt, are nearly if not quite well at this moment. The remaining cases were operated on only a few days since, but from the age of the patients, they being quite young, and the slight degree of deformity, there can be no question that the feet will be brought to their proper position in a few weeks.

One of my patients was a young man in his 20th year, who came to the Mass. General Hospital in consequence of a congenital varus of a very aggravated kind. "The left foot was completely inverted, so that the toes pointed to the hollow of the right foot. The sole was fairly turned upward at the toes, and gradually assumed a lateral position towards the heel. The patient walked upon a cushion of thickened integuments, formed over what should have been the superior surface of the outer tarsal and metatarsal bones." The tendo-Achillis and the tendon of the tibialis anticus were divided on the 22d of Feb., 1840, but no extension was made till March 3d, on account of an old ulcer on the outer ankle; the extension was removed the next day, and not renewed till the 13th, and was continued till May 8th. The position of the foot at that time was greatly improved, and the only obstacle to a cure seemed to be the rigid state of the tendo-Achillis, which was again divided and extension applied on the 14th. By the 1st of July he was able to walk on the sole of his foot with a common boot, treading with great ease and firmness, and was discharged "well" on the 31st.

The operation in my practice has in no instance appeared to have been painful, and has always been performed with ease. There has not, in a single case, been an alarming symptom, and only once did the patient seem to suffer after it. This was my first case, and before I had

ever seen a tendon divided. I directed the extension to be made, as advised by the French operators, soon after the operation, and the patient suffered severely for the first twenty-four hours, and passed a sleepless night. Since that time I have not extended the limb till the external wound has completely healed; in this way the suffering is avoided, nor is there apparently any loss of time, for the foot has in these cases come down quite as soon as in the one where the extension was earlier applied. In the case in which I divided the hamstring tendons, no attempt was made to extend the limb till sixteen days after the division, on account of inflammation in the sheath of the biceps, and yet the patient was able to bring the sole of the foot to the floor in six weeks after the operation.

In conclusion, I should say, from what has come under my own observation,

1st. That the operation of tenotomy, when it is proper to be done at all, may be performed with safety upon patients of almost any age, though it is likely to afford greater and more speedy relief in proportion to the youth of the patient.

2d. That it is an operation that can easily be performed by any well-educated surgeon.

3d. That it is important in doing it to make the external incision as small as possible, as in this way inflammation is less likely to occur.

4th. That extension should not be applied till the external wound has entirely healed.

And, lastly, That the patient, if the deformity has been in any degree considerable, should be required to wear, for a year at least, a boot with suitable springs, that will keep the foot in the proper position, and at the same time counteract the tendency of the muscles to contract.

LOW SPIRITS.

[Communicated for the Boston Medical and Surgical Journal.]

J. W. WARD, Earl of Dudley, exhibited a salutary example of the solicitude attendant on what are called "eminent situations." Considering that "to whom much is given, much is required," he desired to secure a position, yet apprehended the being placed in one which might be regarded subordinate. With exalted opinion of parliamentary reputation, he despaired of acquiring it, and feared his failure would be noticed and attributed to laziness. Anxious to fulfil his friends' expectations, he dreaded disapprobation. He was for 32 years Bishop Landaff's intimate and correspondent. His letters bear marks of intellectual, moral character, strong sense; acute, candid observation; original, deep reflection, lively imagination, knowledge of books and men, rarely united; of a sincere, virtuous, honorable mind intent on being useful, on performing well his public and private duties; exhibiting in youth and more advanced age playful fancy, vigorous understanding, serious heart, intellectual energy, contempt for idle indulgent life; deep, awful religious

sense, constancy in friendship, gratitude for kindness and benefits, warm affection and esteem for real friends, considerateness to dependents and inferiors, unflinching filial duty, and respectfully recognizing the father's authority and the son's obligations.

He wrote, "May 20, 1822. I hear you complain of melancholy and depression. Lately I hardly escaped from a like visitation. Last week I had such anxiety, nervousness, irresolution, despondency, with disordered stomach, life was loathsome to me.

"June 17th. In spite of most rigid, undeviating temperance, my stomach is constantly disordered; gloom and anxiety have been rarely chased, for a moment."

After this his letters presented a new character, alternately depressed and agitated spirits, deep distress, gloom; the estimable moral qualities and religious principles shone brighter.

"June 28, 1822. I am better, still sadly low and incapable of effort; nothing I so much dread. The attack has been coming on some time. Had I been aware of its nature, I might have guarded against its approach. I am quite under dominion of tormenting feelings. In vain reason tells me my view of unpleasant circumstances is exaggerated. Regret, apprehension seize me; I dread solitude, for society I am unfit; my every error is constantly before me. I am ashamed of what I feel, when I recollect what prosperity I enjoy. I seem transplanted beyond reason or comfort. Now and then I enjoy a few hours' respite. I was naturally cheerful and gay.

"July 2d. Pray let me see you, not so much out of kindness to a friend, as compassion to an unhappy fellow creature. My situation is horrible. What is to become of me? My feeble body cannot long resist my mind's constant agitation. Sleep almost forsakes me. That alone enabled me to go through the day. I am weary, yet unable to repose.

"July 4th. I have not yet been able to form any plan. Your kindness does me good; it seems inconsistent with the existence of any foundation for my anxieties.

"July 6th. I suffer less from extreme agitation, which at intervals was almost intolerable; despondency, conviction of the immutability of my condition, gains ground on me. My distress is less acute, because habitual; I am more convinced that I have bid adieu to happiness. By sudden, copious infusion, existence has been embittered. I seem condemned to pass the rest of my days in perpetual pain. If it were consolation, as has been said, to have companions in misfortune,* I might consider that immense superiority of genius and accomplishments has not saved others from errors, humiliation, enemies' taunts, friends' disappointments, self-disapprobation, from opportunities misused and advan-

* Under depression of spirits the sufferer is often introduced into scenes called *cheerful*, to distract him from his sad musings. The result is seldom favorable. His subsequent reflection induces comparison of his situation with that which he has quitted, not in his own favor; thus his melancholy is confirmed. Let the sad one be introduced among those who are more grieved than he; his sympathy is invited, he sees that greater sorrows than his are yet not overwhelming; that he may sink yet deeper in affliction; his energy is awakened for his preservation; shame represses his murmurs, when others bear their greater ills. A man groaning under calamity, and intent upon rash retreats, has been withheld by a prospect held before him of his helpless, deserted, unsustained, distressed family.

tages thrown away. I dare not express all I feel. I am almost overwhelmed.

"July 8th. I have not experienced the last twenty-four hours such acute mental distress as tortured me for many preceding days. I dread its recurrence in all its violence, to its cessation I cannot look. Such wounds must leave scars, from time to time to open again and become as painful as ever. July 6th, I was so nervous and distressed I could hardly enter my friend's room. R., whose gloom is almost as heavy as mine, is still very agreeable. It is dishonest in the Quarterly to puff Dr. Reid's book on nervous diseases. If any branch of the public administration were as infamously jobbed as the reviews, it must fall a victim.

"July 9th. I had my carriage at the door this morning. The idea of a solitary journey sinks my spirits. I cannot endure it. It is ridiculous weakness, I can't help. Do nothing in reference to me; I am not in a fit state to ask or risk it.

"July 11th. My night was sleepless and agitated, this day deplorable. Most of what I have gone through is owing to my mind's texture. Self-reproach increases ten-fold every other suffering. Among many painful feelings that possess my whole heart, is, I may appear to have trifled with you, and put you to inconvenience. I have behaved most foolishly about my visit, and allowed my nerves and fancy to get the better of my reason and opinion. Ascribe it to sickness of body and heart, often threatening to overwhelm me. Your friendship supports me. This day has been one of my worst. The iron entered my soul deeper than before. But, comparative tranquillity has succeeded a violent paroxysm. I trust, under Providence, to time and patience for relief. While A.'s life was threatened, he found time, attention and calmness to offer consolation to me."

After a few days of gleams of hope, then gloom and nervous agitation, then calmness, then horrible paroxysms, he resolved to go from Oxford to Buxton or London, but was long undetermined which. He left for London. But he wrote next from

"Buxton, July 21. I ought to be ashamed to tell you I ended with Buxton. The journey helped to sustain me under those causes of distress which have been pressing on my mind, and under shame for the scenes I made you witness. I thank you for your pains to reconcile me to myself. I will try to be less sorry for what passed than I ought.

"July 23d. I again thank you for your delicate kindness in enduring my strange waywardness, and in endeavoring to spare me the shame and remorse its recollection would produce. May my pain atone for the weakness I displayed. I am in a state of mind which I abstain from picturing; the traits are dismal, and familiar to you.

"Aug. 12th. I have recovered sufficient self-command not to be a burden to others. But I cannot help suspecting a shade is to be over the rest of my life. To a certain period hope triumphs over experience, then experience gradually extinguishes hope. The best of life is not very good. Errors become irreparable, exertion loses much of its value

and motive. I will try not to abandon myself to inaction and despondence.

"Aug. 23d. I am tolerably well. I will use all means that reason suggests to prevent relapse. I could find it in my heart to be very low to-day; I will not give way to it.

"Sept. 8th. I cannot help reflections on time wasted, opportunities lost, errors committed."

These few weeks of suffering were succeeded by years of health and happiness.—A detailed record made by so intelligent an historian of his own sufferings, thus relieved, must solace other persons so afflicted.—He died March 6, 1833, having been entirely withdrawn from society nearly a year before on account of his altered mental condition, attributed to physical disease. A formation of his brain appeared, which seemed in solution of his last illness.

What incentive to a wise, commendable course of life is contained in man's liability to such reflections, which are likely to recur with pungent force in those seasons of depression which overtake even persons of habitual cheerfulness! What support do they derive, when in scanning their history, occasions for self-condemnation fail to present themselves! "The stream of life, down which we go, would be clear and smooth enough, were it not for the dirt and obstacles we ourselves throw into it."

SURPRISING RECOVERY FROM THE EFFECTS OF OPIUM.

[THE treatment in the following case of poisoning is somewhat different from that adopted in a case recorded by Dr. Barratt, of Middletown, Ct., at page 197 of the 14th volume of this Journal; but both cases furnish evidence of what may at such times be accomplished by a steady perseverance in the use of appropriate means. We copy from the *Lancet*, as reported by J. B. Harrison, Esq., Surgeon, of Manchester, Eng.]

Caroline Mercy, æt. 32, was brought into the Manchester Royal Infirmary on the 16th of June, 1839, at half past 3, P. M. On admission she was in a state of complete insensibility, so that it was impossible, either by pulling the hair, or pinching the skin, to excite any wincing or signs of uneasiness; nor was any effect produced by the sudden affusion of cold water. The pupils were contracted in an extreme degree; and the countenance presented that peculiar vacancy, or want of definite expression, which is so characteristic of the influence of opium; the breathing was very considerably embarrassed; the inspirations and expirations being separated by an unusually long interval, and accompanied by slight rattles; the extremities were warm.

As soon as she was put to bed Mr. Gaskell introduced the stomach-pump, with which he injected and withdrew about a gallon of cold water; but towards the end of the operation, as the breathing became laborious, the rattle louder, and the surface assumed a more livid appearance, he thought it prudent to desist. He accordingly introduced into the stomach about two ounces of the liq. ammoniæ, contained in about as many quarts of water, afterwards removing with the pump as much as could

be conveniently withdrawn. Large sinapisms were then placed down the back, but she appeared, notwithstanding, to get gradually worse; the respiration became more difficult, the lividity greater, and the pulse less full, and slightly irregular. Boiling water was now applied to the feet and legs, which had the effect of increasing, for a time, both the power and frequency of the respirations, but the benefit was only of a very transitory kind.

At about a quarter past four, Mr. Gaskell thought it desirable to assist the respiration by artificial means, and he accordingly proceeded to adopt the following expedient: He placed a large pitch plaister on the abdomen, and by this means maintaining his hold, endeavored to solicit the usual respiratory movements. This did not, however, give him so much assistance as he had expected, and he was therefore induced to abandon it, after a short trial. He then placed a similar plaister on each side of the thorax, by which he was able to command a more decisive effect: he thus, with the assistance of the man-nurse, alternately raised and depressed the ribs, in imitation of the respiratory actions. This plan was productive of some amendment; the lividity diminished, and the natural muscular efforts were more frequent and apparent; the assistance was adapted as carefully as possible to the indications of nature. In addition to these means boiling water was occasionally applied to the arms and legs.

At about five o'clock I came to Mr. Gaskell's assistance. At this period the temperature of the body had become considerably reduced, and the conjunctiva had lost its injected character. I remember the patient's appearance was exactly that of a dying woman; and I believe it was the impression of both Mr. Gaskell and myself, that our patient could not survive long. The lips were of a livid color; the expression of the countenance altogether cadaverous, and the rattle in the throat had become exceedingly loud. Boiling water poured on the legs did not now excite the slightest movement, so that, at this time, we were almost disposed to desist from further efforts. The circumstance, however, that whilst our exertions lasted, they were evidently productive of advantage, never suffered us to abandon them for long together.

In pursuing these attempts to maintain the respiration by artificial means, we had finally laid aside the use of plaisters, having our hands placed on the margin of the chest, and our fingers curved round the cartilages of the ribs. Situated on each side of the bed, with our faces turned towards the feet of the patient, we could thus easily enlarge the capacity of the thorax by approximating the ribs, at the same time that they were elevated. In expiration the reverse movement could be accomplished with equal facility. By a steady continuance of our exertions, we had the pleasure of seeing a gradual improvement in our patient, and towards six o'clock the pulse had acquired the hard jerk which is commonly felt when the system is under the influence of opium.

Shortly after six o'clock, indications of returning sensation were evinced by occasional spasmodic quiverings of the muscles of the chest and abdomen. These spasmodic movements resembled the actions which usually denote approaching dissolution, with this essential dif-

ference, however, that they became more frequent and prolonged at each time that they were renewed.

A little after seven o'clock she raised her eyelids, and, at the same time, her left arm was slightly elevated. By persisting in artificial respiration, and using means to rouse sensibility, such as forcibly striking the face and chest with a wet towel, and applying ammonia to the nostrils, in about half an hour from this period the state of stupor had, in a great measure, disappeared. Instead of lying prostrate on her back, she now lay on her side, and was enabled to breathe without assistance. We then caused her clothes to be put on, and the vesicated parts being dressed she was taken out of bed, and compelled to walk about the room.

It is worthy of remark, that whenever, from fatigue, we were led to suspend our efforts to maintain the respiration, a degree of relapse universally followed; the lips became more intensely livid, the pulsations of the heart more feeble and irregular, and the respirations fewer, and accompanied with a louder rattle. On again resuming operations, the converse was also noticed. When the amendment became decided, and the sensibility returned, the rattle disappeared altogether; and this took place without any mucous expectoration, notwithstanding it was natural to suppose that a considerable quantity of mucus was contained in the air-passages. The subject was fortunately very favorable for our manipulations, as the abdominal coverings were sufficiently lax to admit the easy prehension of the chest. Of course the right hypochondriac region, from the situation of the liver, presented more difficulties to the operator on that side of the patient. As far as it could be done, we always waited for the natural indications of the act of inspiration, and paid great attention to regulate our movements in strict correspondence with each other. At the conclusion of our exertions, the cartilages of the ribs were slightly everted, and the cuticle removed in places by the unavoidable chafing of the hands.

June 17. It was found that she had been kept out of bed all night, which scarcely appeared necessary, and was, indeed, contrary to instructions. She had vomited through the night a light-brown colored fluid, and complained of shooting pains in the head; the pupils were less contracted; the abdomen was painful and tender to the touch. She was directed to take linseed tea, and to have a poultice applied to the abdomen. The state of the pulse was not ascertained, owing to the vesicated condition of the arms.

18. The vomiting had abated, and the pain in the head was removed, though a feeling of lightness remained. The bowels were opened by half an ounce of castor oil.

For several nights after this period she was troubled with a starting in her sleep, which, however, has been gradually removed by the administration of twenty drops of laudanum, given every night at bed-time. She also suffered much from the condition of her legs, which were severely scalded, especially on the posterior part, where they had been in contact with the hot water which had fallen on the bed; a superficial slough had formed on the dorsum of the left foot. On taking a full in-

spiration she complained of some pain at the sides of her chest, where a degree of ecchymosis was discovered; a slight eruption, also, showed itself on the back, where the mustard poultices had been applied. The legs were healed after some difficulty; and, on the 27th of August, she was discharged cured.

The moral history of the case may, in itself, possess some interest; it is briefly as follows:—Her husband, who is a master plumber, failed about four years ago, since which time he had lived irregularly; a circumstance which caused her to be much distressed and dejected in spirits. About two years ago she left her husband, and went to live with her mother, with whom she resided until the last two months; she then returned to her husband, who had promised an amendment, which, it seems, he did not keep. She again became low spirited, pawned her clothes, and was ashamed to go to her mother.

On Sunday, the 16th of June, she sat down to dinner at 1 o'clock, when, after a quarrel, she left the house and purchased sixpennyworth of laudanum, at four different shops. She says she obtained about a dessert-spoonful for a penny, and drank it as she purchased it. She then went to a neighbor's house, and can only recollect feeling heavy, and that she had brandy given to her. She is of feeble frame, and was in delicate health at the time of her admission.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 23, 1840.

DIVISION OF TENDONS.

READERS will find an able communication from Dr. Hayward in to-day's Journal. Encouragement may be derived from it by the young surgeon who is desirous to overcome deformities and liberate limbs which have been rendered wholly useless. There is evidently an unwillingness to believe, in this vicinity, that an operation which has been so eminently successful, can be totally dispensed with, by substituting the pressure system of treatment, so favorably spoken of at Philadelphia. We should like, exceedingly, to have a fair trial made here, under the inspection of those who could not be otherwise than deeply interested in the result. Dr. Brown has spoken very decidedly upon the subject, and in the course of conversation, not long ago, represented it quite impossible to achieve as much by Dr. Chase's plan of management, as by the less tedious process of division of the contracted muscles. Dr. Hayward is the last man in the world to make an unnecessary wound, or cause a painful sensation that might have been avoided—and he has no confidence in the universal adoption of the new kind of mechanical surgery, that proposes to restore distortion of the bones of the feet without cutting the tendons. Experience is the best of all teachers.

Copying without Credit.—In the Philadelphia Medical Examiner for Nov. 28th, the six cases of operation for strabismus communicated for our

pages by Dr. Dix, are re-published, without giving credit to this Journal. It is presumed that all this happened through inadvertency, and not with an intention of doing any injustice. So many have set the law of courtesy at defiance, of late, in this respect, that we cannot refrain from expressing those feelings of regret which are actually felt on making these kind of discoveries. We have no disposition to be whining over wrongs of the character here referred to—nor do we intend to be unforgiving towards an agreeable acquaintance, even if he should transfer occasionally, unacknowledged, entire pages into his own literary messenger; still, since fair play is a jewel, why not live up to the requirements of a system which has received the sanction of all denomination of editors—giving credit for whatever is borrowed.

Surgical Examinations at Albany.—One day in each week seems to have been set apart by the Faculty of the Albany Medical College for surgical examinations, advice and operations. Cases most singular and anomalous are obviously accumulating there from a distance. This unexpected concentration of professional business, which must necessarily, we conceive, be chiefly gratuitous, calls for the organization of a hospital, commensurate with the resources and well-known philanthropy of the citizens of the capital of the powerful State of New York. The following, amongst others, was presented in the early part of December:—An individual was introduced before the class, who curiously exemplifies the efforts and the power of nature, under certain circumstances, to sustain and repair formidable injury of the vital organs. Sixteen years ago, while attempting to lift some heavy burden, to use his own language, he felt something give way within his breast. At the end of three or four months an abscess burst externally, between the ribs on the right side of the breast, and through the opening air from the lungs passed out freely, and could be expelled with sufficient force to extinguish a candle at the distance of three or four inches. For eight years this communication remained open. The lung is now evidently unfitted for the purpose of respiration, which is chiefly performed by the lung of the opposite side.

Dublin Dissector.—Messrs. Langley of New York, have sent on a specimen of their new and improved edition of the Dublin Dissector, by Robert Watts, Jr., M.D., Professor of Anatomy in the College of Physicians and Surgeons in that city. The claims of this valuable guide should not be overlooked: so essential are elementary anatomical books to the progress of students, that when they are truly good, their praises ought to be proclaimed far and wide. As Dr. Watts holds a chair at an institution which was once occupied five years by our humble self, we are disposed to look after him pretty closely, and therefore lay aside the Dublin Dissector for deliberate examination, before giving a more extended notice.

Formidable Abdominal Tumor.—A case is detailed in the American Medical Library, by John S. Rohrer, M.D., of Philadelphia, quite remarkable in its history. Suffice it to say, that after the death of the patient, a lady 57 years of age, a tumor weighing *forty-five pounds* was dissected from the abdomen, measuring nineteen inches from the front to the back surface; twenty-one inches from the apex to the base, and nine

inches through the centre—having been fifteen years in forming. A large portion of it was hard and intermixed with cartilaginous and bony matter. Dr. Rohrer gave it as his opinion that it partook of the scirrhus, lardaceous, mammary, medullary and hæmatoid forms, all combined.

Medical Convention of Kentucky.—On the 22d of Nov., 1839, the physicians of North Eastern Kentucky held a meeting at Washington, and among other resolutions adopted the following:—

“*Resolved*, That this Association respectfully urge upon the physicians of Kentucky the expediency of forming district and county societies for the promotion of medical science; and, also, that a State Convention be held in Frankfort, on the second Monday in January, 1841, for the purpose of organizing a State Medical Society.”—*Western Journal of Medicine and Surgery*.

On the Employment of Lactate of Iron. By MM. GELIS and CONTE.—After stating some objections to the preparations of iron in common use, the authors give their reasons for supposing that the lactate of the protoxide of iron is superior to all other ferruginous preparations. These are that lactic acid is universally distributed throughout the body; and that all authors have endeavored to administer iron in the form most easily soluble in the gastric juice. Berzelius, Tiedemann and Gmelin, Dumas, Leuret and Lassaigne, have shown that the gastric juice has sufficient lactic acid to account for its dissolving property. They find that the most useful preparations of iron are those most soluble in lactic acid and the reverse, and therefore consider it probable that iron after administration is converted into lactate of iron. Thus they were led to give the lactate direct.

M. Bouillaud and other members of the Academy administered this preparation in twenty-one cases of anemia and chlorosis; but though they speak favorably of it, it did not appear to them to possess any decided advantage over other soluble preparations of iron.—*Bul. de l'Acad.*

Complete absence of Menstruation. By M. KRUGER-HANSEN.—A woman of about 58 years of age, of a robust constitution, and who had always enjoyed good health, much younger in appearance than she really was, and in whom all the feminine characters were well developed, never in the whole course of her life had any discharge at all similar to the menses. She never had *fluor albus*, or any abnormal sanguineous discharges or sweats, to compensate for the want of the usual monthly secretion. It is added that the sexual appetite was present, but that she never had borne children. M. Kruger-Hansen, from this single imperfect case, draws the conclusion that the menstrual discharge is not absolutely necessary to woman. It is obvious, however, that, before such a conclusion could be drawn, it would be necessary to ascertain whether all the organs were present, and well developed. The omission of this renders the case incomplete.—*Graefe's and Walter's Journal*.

Colocynth Oil, a Substitute for Croton Oil in Neuralgia, Sciatica, &c. By M. G. JANELLI.—Dr. Janelli mentions that he has found the oil of

colocynth a valuable and cheap succedaneum for croton oil, as an external application in neuralgic affections, but especially in sciatica. He relates in detail three cases of its efficacy in sciatica, and three in cases of rheumatism. After frictions with the oil, the patients generally fell asleep, so much were their sufferings alleviated, and in a few days were so far recovered as to be enabled to return to their usual avocations.—*Observatore Medico*.

Congestion of the Kidneys.—Dr. Watson reported the case of a sailor who entered the hospital for retention of urine without stricture. On passing the catheter, no urine was found in the bladder; high febrile excitement ensued, the bowels became tympanitic, and the patient died two days after admission. On autopsy, both kidneys were found enlarged, and studded in their external surface with numerous spots of coagula. Dr. W. had never met with a similar case.—*N. Y. Jour. of Med. and Surg.*

Danish Medical Statistics.—In the Danish Medical Library for January, February and March, of the present year, there are copious extracts from the Transactions of the Royal Society of Health for 1839. The first is an account of the prevailing diseases in Denmark, with the exception of Laaland and Falster, during the year 1838. These are smallpox, scarlet fever, measles, catarrhal complaints, typhus, which has been very prevalent, rheumatic fever, puerperal fever, psora, syphilis, croup and whooping cough, which last, after an absence of six years, has re-appeared among persons of all ages in the Faroe Isles. We are also informed that in the same year (1838) 18,813 persons were vaccinated in the whole kingdom for the first time, and 1052 were re-vaccinated. That in Iceland 481 were vaccinated for the first time, and 647 were re-vaccinated.

The tables of births and deaths are not very precise. The number of accidental deaths and suicides, strangely enough united together, was 514.—*Bibliothek fur Laeger*.

Medical Miscellany.—Dr. J. F. Duffie, of Philadelphia, is in the field as a successful operator for strabismus.—Dr. Joseph T. Pitney, of Auburn, N. Y., has recently tied the subclavian artery of a lady, for an aneurism, with most perfect success. The patient is said to have been restored to health.—Both smallpox and varioloid are represented to be exceedingly prevalent in the city of New York, and extending themselves into the adjacent country. Physicians must keep up an active vaccination if they wish to keep the disease under control.—James Rice, 116 years of age, is now living in Greenfield township, Gallia Co., Ohio, in fine health and spirits.

ERRATUM.—On page 301, line 25, for *soles* read *toes*.

MARRIED,—At Chicago, Ill., John W. Eldridge, M.D., to Miss S. E. Houghton, of Montpelier, Vt.

DIED,—At Yarmouth, N. S., Dr. Stephen Bond, 24, son of Dr. Stephen Bond, of York.

Number of deaths in Boston for the week ending Dec. 19, 36.—Males, 16—females, 20. Stillborn, 4. Of consumption, 6—lung fever, 5—casualty, 2—dropsy, 2—quinsy, 1—dysentery, 1—typhoid pneumonia, 1—typhous fever, 2—old age, 3—inflammation of the brain, 1—debility, 1—dropsy in the head, 1—burn, 3—pleurisy fever, 1—hooping cough, 1—inflammation of the bowels, 1—typhoid fever, 1.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	JOHN DELAMATER, M.D.
Obstetrics, by	- - - - -	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1840.

D. 2.—6t

P. CLEAVELAND, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

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PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

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BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, DECEMBER 30, 1840.

No. 21.

DR. PAINE'S REPLY TO H. I. B.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I will thank you to omit the publication of the four remaining numbers of my Reply to "H. I. B." During the progress of the preceding, I have apprehended that I might be encroaching too much upon your Journal and upon the rights of other correspondents. This consideration has led me hitherto to request the delay of my Reply, should it interfere with other communications. I perceive by your notices that such communications are accumulating, and I am therefore entirely satisfied that the subject should now rest upon my part, so far as it respects the Journal.

There is one remaining point, however, which requires explanation; all other charges being groundless. I am accused of a misstatement in affirming that "Louis says that the indications to be drawn from the state of the tongue are the 'least important' of any. But we beg the reader to mark well, Louis never stated this, that we can find, in his work on typhus, or in fact in any of his works, so far as we can discover."—(P. 75.)

The words "least important" do not bear the marks of quotation in my work, and it is an induction of my own from extensive premises. It occurs in the following connection and rather incidentally, in Vol. 1, p. 238. Thus.—"They (Galen, &c.) speak of the important indications of the tongue. Baglivi says it supplies the most important, M. Louis the least." In a note I have referred to M. Louis "on Typhoid Fever *passim*." The statement, however, is notoriously true; and the doctrine was the subject of no little comment by reviewers, a few years ago. In my Essay I have presented several extracts from my author to the foregoing effect. The generalizations numbered 57, 58 and 59 are entirely of that import. See, also, M. Louis on Typhoid Fever, Vol. 2, p. 56.

Dr. Bowditch recurs to the foregoing subject at the close of his attack, and imputes to me "a false statement," which he allows to have grown out of an error in his own translation. In consequence of this error on the part of one who had declared his belief that he had translated his author correctly "in every respect," I was betrayed into a partial misapprehension; and this is the only instance in which any departure from strict exactness can be truly alleged against my Essay.

"What," says Dr. B., "can we think of the candor of such a wri-

ter, when he takes the first line of a sentence and makes pages of commentaries upon an isolated assertion," &c. "Our commentator may complain that the sentence was *badly constructed*. We affirm that this is no excuse; for, in the *original*, the *meaning* is perfectly plain, if the punctuation in the translation is faulty."—(P. 107. *My Italics*.)

Dr. Bowditch has given a pretended quotation of six lines, which embraces "the first line" in question; but it is made up of words selected out of more than a page and a half of M. Louis's work, presented as a continuous sentence, and bears the usual marks of a quotation. I shall therefore produce the statement as it occurs in the original translation, observing, also, the punctuation. Thus:—

"1st. *Tongue*. It was almost always natural; that is, it had not any unnatural redness; it was moist and was at times only a little yellowish and whitish in nineteen patients; among whom were all those who died between the eighth and fifteenth days of the disease, and who arrived at the hospital at a sufficiently early period to be examined with care upon this point."—(Vol. 2, p. 55.)

The words quoted, and rather incidentally by me, are "*The tongue was almost always natural*;" to which I add, that this is "contradicted by nearly every one of his exemplifying cases." Now, as the extract stands, the first clause appears as a direct and unqualified affirmation, whilst the details which follow purport a contradiction. These contradictions met me so constantly, that I was here led into an *unimportant* error by the faults in the translation, and, if it can avail its author anything, I take more satisfaction in allowing it, than I have done in the preceding exposition. I had imagined, indeed, from the structure of the sentence, that instead of a semicolon after the word *redness*, there should have been a period. Such, I submit, is the only rational mode of interpreting the paragraph.

But, the error, I repeat, is unimportant, and the clause may be expunged from my Essay, without affecting, in the least, the merits of the question. The fundamental point is set forth in other quotations from my author by which the foregoing is preceded; whilst the affirmation, as quoted by Dr. B. that "the tongue was natural or nearly so in a little less than half the cases," also bears out my commentary that this is "contradicted by nearly every one of his exemplifying cases." This will be seen at once by a reference to my tables, where I underwent the labor of condensing, in their "consecutive order," all the appearances of the tongue in each of the fatal cases. But this was not done with a view to the specific fact in question, but to the general affirmations of my author that little or nothing could be gathered from the appearances of that organ, especially in relation to the stomach. There is not one of the cases, unless it be No. 32 (in which the tongue was "greyish in centre"), that can be regarded as offering in any sense a "natural" condition. My comment upon the statement in question, instead of consisting of "pages," extends only through about a dozen lines.

That a fair opposition would be made to my Essay upon the writings of M. Louis, as well as to many doctrines taught in my work, I was entirely prepared to expect; but, the forbearance with which they have

been treated by the medical press of this country, and the commendations of the work which have wholly surpassed my expectations, render it proper that I should embrace this occasion to express my profound gratitude for so much generosity.

In conclusion, I may suggest the consideration, that what may have borne the aspect of personal severity in the course of my Reply, has been the unavoidable result of my premises, and the necessary demonstration. The attack was peculiarly personal, and consisted throughout of a series of misrepresentations. It was made by a responsible individual, and through the columns of a distinguished Journal. It related not only to a laborious work which was designed for the public, but to my reputation as a man. I have felt, therefore, that I was at least entitled to a hearing in my own behalf, if no interest existed in relation to my public labors. I have also prepared for the press other works which it is my intention to publish, and it was therefore the more necessary for their present success that I should avert the possible consequences of those misrepresentations which were designed to affect me unjustly as an author. Nor can I permit myself to doubt that every honorable mind, when it shall have regarded my case as its own, will arrive at just conclusions.

The foregoing Reply will be republished, with the remaining refutation, for the purpose of binding it up with my "Commentaries," that its truth may be tested by the work itself, and effectually protect the honor of its author.

M. P.

Dec. 9, 1840.

ASTHMA.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE LUNGS.

THE term asthma is extremely vague, and is still used in a very loose sense. It is commonly applied to any condition of the respiratory system in which there is much oppression, especially if the dyspnoea comes on in paroxysms, and is attended with a wheezing noise during the inspiration or expiration. In many of these cases there is sufficient evidence of organic disease in the lungs or heart to account for the difficulty of breathing; hence the term asthma is thus applied merely to a symptom, and does not designate a specific disease. In other cases there is no evidence of any organic alteration; and the asthma then becomes a peculiar disease, characterized by regular symptoms, but without definite lesions; it is therefore to be classed amongst those diseases to which the common designation, nervous, is applied. The term is a vague one; but if we restrict it to functional disorders which present a sufficient regularity of symptoms to identify them, there is little practical objection to it. In the present state of the science, therefore, we are compelled to admit a nervous asthma, and a periodical dyspnoea without organic lesion.

The diseases of the lungs which are attended with paroxysms of difficulty of breathing, are a variety of bronchitis, emphysema, certain

rare cases of miliary tubercles, and the presence of large tumors upon the trachea or the larger bronchial tubes. The variety of bronchitis I have already treated of under its appropriate head; it is one of the most painful and harassing to the patient, but at the same time is the most curable variety of asthmatic diseases, for it often yields to the continued use of ipecacuanha, and other remedies of the kind, with appropriate counter-irritants. The probabilities of cure are of course much enhanced by a voyage to a milder climate. Emphysema may be palliated, if not cured; but miliary tubercles is generally the most intractable, and often the most rapidly fatal variety of phthisis. The tumors which give rise to periodic dyspnœa at first, will cause a permanent difficulty of breathing if they increase much in size; they are various scirrhus growths, but more frequently aneurism of the arch of the aorta in adults, and scrofulous enlargement of the bronchial glands in children. The dyspnœa is at first not permanent in these cases, because the obstruction to the passage of the air is not sufficient to cause great difficulty of the respiration without some congestion of the bronchial mucous membrane; this is more and more apt to recur as the disease continues to advance, and the case may readily be mistaken for one of nervous asthma.

After striking those cases of false asthma from the list, we next come to those diseases of the heart which simulate the same disorder. These are quite numerous; indeed, any serious disorder of the heart, which impedes the circulation, may congest the lungs, and, as a necessary consequence, great dyspnœa will result. The oppression will be very nearly in proportion to the difficulty of the circulation through the heart, and must of course be greatest in those cases in which the valves are most obstructed. These diseases constitute some of the most severe cases of those classed under the general head of asthma.

There remains, then, a nervous asthma, which cannot be classed under these heads. This disease, like most other chronic affections, is in a great degree hereditary, and often passes through several members of a family; all, or a large number of the children of one family, are often subject to attacks of it upon exposure to slight exciting causes. These causes are extremely various; but they are in general such as act particularly upon the nerves of the respiration, and produce a slight oppression, even in individuals who are not at all asthmatic; such as the inhalation of deleterious gases, certain perfumes, a heated, and especially a crowded room, changes of temperature, or changes in the barometrical conditions of the air, will all occasionally produce the same results. The effects of atmospheric changes which are not connected with temperature, and can only be recognized by a delicate hygrometer or barometer, are very peculiar; a very little difference in the moisture, or in the altitude of a particular spot above the level of the sea, being often sufficient to bring on, or to remove, a severe attack of asthma. The change from a lower and more crowded to a higher and more airy part of the same town, will often produce the same effect. These attacks of nervous asthma are often periodic, or at least especially apt to recur at particular seasons of the year, which are not always the same, although

the summer is in general more apt to favor the development of the disease than colder weather. But there is no disorder which is proverbially so peculiar in its turn and mode of attack as asthma—the most opposite conditions will modify the action of the nerves of respiration. These conditions do not, however, vary much with each individual; they are generally sufficiently regular, but they are extremely different with different persons who seem to offer the same variety of the disorder. This idiosyncrasy is not more remarkable than that which is observed in relation to many other functions of the body, especially the digestive, and is of course equally inexplicable.

The symptoms of nervous asthma are similar in this respect, that all who are affected with the disease are liable to sudden and violent paroxysms of dyspnœa, or to slighter derangement of the respiration; at the same time there are no decided signs of bronchial inflammation. If the respiration be examined, the inspiratory sound is feeble, but there is generally no rhonchus; the wheezing which is occasionally heard at a distance from the patient is produced almost exclusively in the larynx. The rhonchi, and other signs of bronchial irritation, are heard if the attack is accidentally complicated with acute bronchitis.

Paroxysms of true asthma terminate by a gradual decline, or as in the variety termed asthmatic bronchitis, the attack is not relieved until a free secretion of glairy liquid from the bronchial membrane takes place; in either case the disorder is singularly apt to return in a short time upon a renewal of its exciting causes.

The diagnosis of the disease is, like the prognosis, exceedingly simple. The disorder may always be recognized by the presence of the periodical dyspnœa, and the absence of any decided evidence of structural change. The prognosis is, on the whole, highly favorable, for few cases of the kind terminate unfavorably; but, like the asthma which arises from emphysema, the disease is exceedingly difficult to remove. At the same time the affection is so peculiar in its nature that it often ceases abruptly, without the slightest assignable cause; and at other times, an apparently insignificant impression made upon the nervous system, either directly on the nervous expansions, or indirectly through the medium of the imagination, will often stop a paroxysm, or postpone one for a long period. The prognosis, therefore, is peculiar; and it is very necessary to be guarded in our promises of cure, or in our anticipations of an unfavorable result when the case is most unpromising.

In most patients asthma may be greatly relieved by attending to the exciting causes of the disease, and carefully avoiding them when practicable. This is often less difficult than it would appear to be at first sight; for a very slight change of residence from one situation to another in the same city, or district of country, will often suffice. Sometimes a more decided change becomes necessary, at least at the season of the year when the disorder is most apt to recur, and every patient is not fitted to decide as to the proper change of situation. In the same way a change of occupation, or even the avoidance of certain departments of a particular business, will often succeed. If these changes fail, and the patient is willing to make the sacrifice, a more decided change is ad-

visible; and, in making it, the warm, moist regions of the sea-side will generally be found preferable to the drier and more hilly country.

The hygienic peculiarities not connected directly with the condition of the air, are less certain in asthma than in most other diseases; and we must here also rely chiefly on the experience of the patient. Those causes which tend to produce bronchitis, favor the development of asthma, although they do not cause it. Hence the avoidance of cold and unnecessary exposure is essential, unless the experience of the patient should teach him that a cold atmosphere agrees better with him than a warmer one. In either case, however, the impression of prolonged cold upon the surface is almost always deleterious, whatever may be its direct influence upon the bronchial mucous membrane. Excesses in diet are also often exciting causes, and the particular perfumes or stimulants of the bronchial membrane which act unfavorably upon the patient, are generally well known to every patient.

There are many modes of arresting the paroxysms, and for the most part the remedies resemble each other only in their general power of producing decided action upon the nerves of respiration. Frequently these remedies are the narcotics; at other times a mere counter-irritant applied between the shoulders will prove effectual in cutting short the paroxysms. In some cases a galvanic plate applied upon the nucha, and communicating with another placed at the point of the sternum, will instantly check an attack of this disorder; and although the cure is not always permanent, yet in some instances the disease does not return. The nauseants and antiphlogistics, which are often useful in emphysema, are sometimes equally effectual in arresting the paroxysms. Amongst them the tincture of lobelia is one of the most certain and convenient, but with some stomachs it is oppressive and irritating.

The various narcotics which are from time to time resorted to, for the relief of asthma, may be administered in the usual way, or be inhaled into the lungs, and thus brought directly in contact with the bronchial membrane. Thus stramonium, tobacco, and other remedies of this class, are often smoked with great benefit; and a method performed lately by M. Raspail, is sometimes of advantage. This consists in inhaling the vapor of camphor; a few pieces of it are placed in a quill, and the patient may breathe through it. The slow volatilization of the camphor brings it directly in contact with the lungs.

These means are, however, all palliative, and there is sometimes no certain relief for the disease. A careful study of the exciting causes, and attention to some very simple hygienic precautions, are the most promising means of treatment.—*Medical Examiner*.

REMARKS ON THE PERCEPTION OF MOTION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In fulfilment of a promise which I made you more than a year ago, to prepare for publication in your Journal, my ideas on the perception of motion, I send you the following extracts from a lecture on

phrenology. I have delayed thus long in fulfilling my promise, in order to have time to satisfy myself of the correctness of my ideas.

Dec. 21st, 1840.

Yours, &c.

ANDREW ALEXANDER.

Having given an account of the function attributed to the faculty of Eventuality by the best phrenological authorities, I shall now give my own opinion with regard to it. It appears to me that the perception of motion depends on the combined activity of four faculties, those of size, locality, eventuality and time, which take cognizance of distance, direction, difference and duration, the perception of motion being, in fact, the perception of a continual difference or change in the position, or distance and direction, of a body or of its particles from the eye. I have never heard of the perception of difference being attributed to eventuality, but it appears to me that it is impossible to avoid coming to the conclusion that this is its function when we analyze the mental manifestations attributed to it. Observation proves that the perception and memory of events and of motion are in some way dependent on the organ called eventuality, and it cannot be denied that the perception of difference is an essential element in the perception of motion, and it appears to me that it is the only element in this perception which can be attributed to the faculty of eventuality, for its other elements are clearly attributable to other recognized faculties. Attributing the perception of motion to eventuality alone, appears to me a most singular oversight. The perception of the form of the orbit, way, or course, in which a body moves, evidently depends on the faculties which perceive distance and direction, and take cognizance of material forms, and position. Motion is a continual difference or change of position. The perception of motion is the perception of a continual difference of position, and consequently must depend on a faculty or faculties which are capable of perceiving continual difference of position. We have seen that phrenologists admit faculties which perceive position, viz., size and locality, and by attributing the perception of motion to eventuality alone, they admit another faculty to perceive, not difference alone, but difference of position; not simply difference of position, but change of position which includes the perception of time. They also tell us that each of the perceptive faculties compares its own perceptions and recognizes their similarity and difference, thus admitting that the faculties which perceive position, take cognizance of similarity and difference of position, and that consequently they too are capable of perceiving motion as well as eventuality. There seems to me some inconsistency in this. But the inconsistency springs, not from admitting the organs, for they are all necessary, and really exist, but from not distinguishing with sufficient exactness the special function, and exact sphere of activity, of each organ. When we do this every inconsistency disappears, and the faculties admitted then stand the test of the most rigid scrutiny.

While speaking of locality I stated that its function is to perceive direction, and that its power is not limited to perceiving a single line of direction at a time, but that it may perceive millions at once. It perceives the direction from which every ray of light comes to the retina.

It is necessary to bear this fact in mind, if we wish to understand on what the perception of motion depends. No such faculty as locality is known among metaphysicians ; it is therefore impossible for them to give any satisfactory explanation of the perception of motion. A writer on natural philosophy remarks, that " A successive change in the position of a body or its particles is called motion. Absolute motion," says he, " cannot be perceived through the medium of our senses ; we merely conclude that a motion has taken place when a body has changed its position with regard to others." Another writer observes, that " Motion is a complex and not a simple idea ; it is gained by the comparison of two places or positions, and drawing the conclusion that a change has happened." These definitions of motion recognize no distinction between perceiving that a body has moved and perceiving it moving. As definitions of the perception of motion they are extremely defective. We perceive motion intuitively at the first glance. We do not need to go through a process of reasoning to know that a body is moving. The perception of motion is compound, but still it is intuitive ; and there is a great difference between seeing a body moving, and seeing that it has moved. Not only is the assistance of the faculties which perceive distance and direction necessary to perceive that a body is moving, but they must be affected in a particular manner before the idea of motion is excited. When we look at a body in motion we *always* see a continual difference in the visible direction of its points or parts. To perceive that a body is moving, we must perceive its points in several different contiguous lines of direction, and no one point must remain in the same line of direction during any appreciable period of time ; if a period of duration however short can be noted, during which there is no difference of position perceived, the body during that period appears to be at rest. The perception of stillness then depends on the faculties which perceive position, and the faculty of time, which perceives continuance or duration. The difference between seeing a body in motion and seeing that it has moved, is this :—To perceive that a body moves, we must perceive a continual difference in the position of that body ; and to perceive that it has moved, it is only necessary to perceive its position to be different from what it was. When we see a body moving, we see it passing through every point of the space traversed. When we see that a body has moved, we see it in one position, and recollect having seen it in a different one ; or we recollect having seen it in a certain position, and perceive that it is no longer there. In the one case we see the points of the body passing through several contiguous lines of direction, in the other case we see them only in two different lines of direction. In the one case, i. e., while moving, they do not remain in the same line of direction any appreciable length of time ; in the other they do, and we see them only before they have moved and after. In the one case we see the motion, in the other case we see the result of it.

It is easy to prove that the perception of difference is an ever-present and indispensable element in the perception of motion. We cannot perceive the motion of water passing through a glass tube, when the tube is full, because all the parts of the stream are so exactly alike that we

cannot distinguish between them, and therefore we cannot discover whether there is a continual difference in their position or not. The perception of difference appears to me to be the primitive and essential function of the organ called eventuality. Every event is a change, a difference. Eventuality is active not only in the perception of motion, but in a great many other cases; it has a wider sphere than the perception of events, it perceives difference in general. Without its activity, no idea of difference can arise in the mind. If this faculty perceived motion and nothing else, many events would take place, of which it could take no cognizance. Almost every event implies motion, but the perception of every event does not imply the perception of motion or change of place. Suppose an individual to be suffering with the tooth-ache, and that the pain suddenly ceases; the cessation of the pain is an event recognized, as every phrenologist will say, by eventuality, yet no motion is perceived; the pain was felt, and is no longer felt, and eventuality gives the idea of difference and nothing more. The state of the part which suffered is different, the change took place there, and in taking place excited the organ of eventuality, and produced the idea of difference in the mind. Eventuality perceives any difference which takes place in the state of the other faculties, but in this case it certainly perceives no motion, no change of position. No phrenologist will pretend that it perceives the motion of the other cerebral organs. It perceives the result of their action, and that is a difference in the state of the mind. It perceives difference, but the qualities or states between which the difference exists or takes place is perceived by the other faculties. It appears to me that eventuality takes no immediate cognizance of the existence of external objects, and that its sole function is to perceive the differences which take place, or exist in the state of the other faculties. When we look at a body in motion, there is a continual difference taking place in the state of our organs of size and locality, and this continual difference is perceived by eventuality and time. We might see a body in different positions by means of the faculties of size and locality, but without the activity of eventuality and time no idea of change would arise in the mind, no event would be perceived. The word change almost always includes in its signification the idea of time. The idea of time is inseparable from the idea of an event.

The perception of difference is now attributed by phrenologists to the faculty which perceives similarity, viz., comparison; and each perceptive faculty is said to have the power of comparing the perceptions which belong to it, and consequently of taking cognizance of their similarity and difference. For my own part, I cannot conceive that the ideas of similarity and difference depend on the same primitive faculty. It should be noticed that the perception of difference is a positive perception, and not the mere absence or negation of the perception of similarity. The perception of difference and the perception of similarity, are the very last perceptions which I should think of attributing to a single primitive faculty. There are no two ideas which it is more easy to distinguish from one another. They are both primitive and indecomposable. They cannot be resolved into one another. Neither do I

believe that the perceptive faculties are capable of comparing their own perceptions and recognizing whether they are similar or different. The faculty of color perceives blue and it perceives red, and is differently affected by each, for the Creator has so constituted it ; but it does not perceive the abstract truth that they are different from one another, it has no perception of difference. I shall return to this subject when I come to speak of the faculty of comparison. * * * *

Dr. Spurzheim mentions that some of the Scotch phrenologists were for some time disposed to confine the power of comparison to the perception of analogies and resemblances, and to ascribe the perception of differences to the faculty of wit ; but that his own opinion is that comparison perceives differences as well as resemblances, analogies and identities. "The faculty of tune," says he, "perceives the discord and harmony of tones, and coloring perceives disagreeable and agreeable, or incongruous and congruous impressions of colors, and in the same way I attribute to comparison the perception of differences and analogies ; and as a higher degree of musical talent distinguishes the slightest difference of tone, so a greater development of comparison seems necessary to feel the nicer differences in arguments, and constantly to discriminate in philosophical reasoning." To compare is to liken things to one another, or to hold them together in the mind, to see whether they are alike or different. It is now the general opinion of phrenologists that the perceptions of similarity and difference depend on the same faculty, and that each of the perceptive faculties has the power of comparing its own conceptions and perceiving their difference and similarity ; that the faculty of color, for instance, compares colors and perceives whether they are alike or different. The necessity of a particular faculty for the perception of similarity is very evident ; but I do not see any need of the perceptive faculties having the power of comparing their own conceptions, and I do not believe that they have any such power. But if they have, it does not follow that the general abstract perceptions of similarity and difference depend on a single faculty.

The perception of difference is not the mere absence or negation of the perception of similarity ; it is something positive, as much so as that of similarity, and I cannot conceive how two perceptions so different can depend on the same elementary power of the mind. Difference and similarity are mere abstract relations, or relative modes of existence ; they have no analogy to anything physical, and cannot be perceived by the perceptive faculties which take cognizance of physical qualities. The faculty of coloring perceives blue, and it perceives red, and green, and is differently affected by each, in virtue of its innate constitution, and of the organic laws by which that constitution is governed ; the perception which each excites is different, but I do not believe that it perceives the abstract truth that these colors are different from one another. It appears to me that to perceive difference or similarity of colors, requires the combined activity of the organ of coloring and the organs which perceive similarity and difference. The idea of difference has no essential connection with that of color ; why, then, should they depend on the same organ ? To perceive green it is not necessary to know

that it is different from red or any other color ; green would affect us as it does now, had we never seen red. It seems singular that we should have six, eight or ten faculties, all capable of perceiving the difference and similarity of their own conceptions, and another faculty whose sole function is to perceive the difference and similarity of the conceptions of all the other faculties. It appears to me that without the activity of the faculty of comparison, no idea of any kind of similarity can arise in the mind. The faculty of coloring perceives colors and nothing else ; if we wish to perceive whether colors be alike or different, we must call to our assistance other faculties.

It may be asked, if the organ of coloring does not perceive difference of colors, how can it know that one color is green and another red ? To this it may be answered, that the organ must be differently affected by the two colors, and the peculiar hue of each must be perceived before it, or any other faculty, can know them to be alike or different. We must perceive the qualities of things before we can compare them ; our primitive perceptions must be different before they can excite the perception of difference, either in the faculty by which they are perceived, or in any other. It is impossible for us to know that two colors are similar or dissimilar before we know what colors they are. We know colors by the immediate effects which they have on our organ of coloring. We do not need to compare one color with another to know that it is red or green. The analysis which I gave in a former lecture of the perception of motion, enables me to bring two objections against the opinions at present entertained on this subject, which cannot be easily got over. I have shown that the perception of motion is the perception of a continual difference of position, and that if the faculties which perceive position could compare their conceptions, and perceive difference of position, there would be no need of the faculty of eventuality to aid in the perception of motion. We know that the perception of difference is an essential element in the perception of motion, and the only element which can possibly be attributed to eventuality, for the other elements of the perception are clearly attributable to the faculties of size and locality ; therefore if the perception of difference depends on comparison, it must be this faculty and not eventuality which takes a part in the perception of motion, which no phrenologist will allow. In either case eventuality would be of no utility, and if we would consistently maintain that it takes a part in the perception of motion, we must give up the opinions, that all the perceptive faculties compare, and that the perceptions of similarity and difference depend on the same faculty, and admit that difference is perceived by eventuality. Instead of taking it for granted that the perceptive faculties compare, and that the same faculty perceives both similarity and difference, we should require a great deal of proof before we admit anything so improbable. The tendency of these two perceptions is diametrically opposite ; the one divides and particularizes, the other combines and generalizes ; the one deals in details, the other in general principles. We do not find them to be always equally strong and active in the same mind. Those individuals in whom comparison predominates over the other faculties, are prone to confound,

and regard as similar, things really different; they look for similarities rather than distinctions; they are naturally inclined to reason by analogy, and to overlook essential differences and details. When eventuality predominates, there is an opposite tendency. A discriminating mind, however, is one which forms just ideas of things, rather than one which is constantly occupied with minute and subtle distinctions. Eventuality is generally more developed in children than comparison, and they attend more to details and differences than to generalities and analogies. No one, so far as I am aware, has ever thought of comparing the development of the organ of eventuality with the strength of the faculty of perceiving differences, except in as far as the perception of difference enters into the perception of motion and of events; but it seems to me that these observations are amply sufficient to prove that eventuality takes cognizance of difference, for every event is a change, a difference. The qualities differing from one another are perceived by the various perceptive faculties; but we are made aware that they do affect our perceptive faculties differently by means of eventuality.

Those who wish to satisfy themselves by the phrenological method of investigation that the perception of difference depends on the faculty of eventuality, can do so by comparing the energy with which the faculty of perceiving difference is manifested by different individuals, with the development of the organ of eventuality in each case; but they must recollect that the perception of difference is an ever-present element in the perception of motion, and of events.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 30, 1840.

CONNECTICUT RETREAT FOR THE INSANE.

In the 16th report of the directors, very satisfactory information is given of the present condition of the Retreat. As it may be serviceable to some distant student, the following is copied from the report.

"From the reports of the physicians, it appears that on the first of April, 1840, 1000 patients had been admitted into the Retreat from its opening in 1824. About 500 of these were laboring under some form of insanity of recent date, and brought to the institution with the expectation of benefit from the means employed for their recovery. Of this number 450 have been restored to reason and returned to their families, and to those stations of usefulness which they occupied before their attack.

"Of the 500 cases of chronic insanity, a large number has been cured; many have left the institution much improved, and others remained, not for the purposes of medication, but because they were made more comfortable there than they could possibly have been at their own homes. Even of this latter class—the forlorn hope of the institution—there have been some happy recoveries occurring, two, five or ten years after the attack, and when all expectation of such relief had been obliterated from the minds of their relatives and guardians. Those who have witnessed these

results, and those who have experienced these benefits, are among the warmest and best friends of the institution."

The permanent fund is well secured in a way to meet all necessary expenses. The directors speak in a highly complimentary manner of Dr. Brigham, the recently-appointed superintendent, whose qualifications are of no common order. We fully agree with the remark in the report, that the location is admirable. In the vernal season the scenery must be perfectly delightful. From a personal observation of the general appearance and manner of conducting the internal police, a year since, when the institution was under the temporary management of Dr. Hunt, we were most favorably impressed with the good order, method, humanity and active kindness which were manifested by every person officially connected with it.

Dublin Dissector.—On the whole, this re-modelled work proves to be a little superior to any other now in use. Dr. Watts has had so much experience, that if any man knows what is wanted in the dissecting room, it is him. Some might think it better to have a few illustrations; but the expense would have been increased, and no great advantage would accrue, since anatomical engravings are so universally distributed over the world. It may be that hundreds of copies are on sale in Boston, but thus far, we regret to say, we have heard of none. Medical students should avail themselves of this accurate guide—and it is therefore especially recommended to them.

Philadelphia School of Anatomy.—Whatever relates to this embryo college is received by the medical public with interest. It speaks well for the talents and enterprise of Dr. McClintock, that he sustains, by the force of his own unaided genius, a school which maintains a sterling character beyond the immediate precincts of its own dissecting room.

On the 2d of Nov. an introductory lecture was delivered by this gentleman to the students who had joined his class. As might be expected, the discourse is a creditable production, which reads well in a long winter evening without putting a man to sleep. We cannot afford space to copy any part of it, so many other things claim priority; but in recommending it to the perusal of students of medicine, we are sure of their being both gratified and encouraged by the cheering prospect it holds out to the accurate anatomist. We cannot refrain from repeating a remark long ago made by us, that it would be economy to make Dr. McClintock a professor of anatomy in some of the regularly-instituted colleges of Philadelphia. He has a natural tact for teaching, which very many who are clothed with professorial dignity certainly have not.

Solitary Vice in Females.—Within a few days we have received a letter from a lady of undoubted philanthropy, whose observations, together with a careful collection of undeniable facts, show that the vice which constituted the burden of Mrs. Gove's tract is certainly prevalent to a great extent. This is a sad state of things, morally considered; and physically, it is positively dreadful to think about. On the whole, we are really afraid that it will be difficult to prove, what we have heretofore honestly believed, that mankind in their present high state of civilization,

have been grossly misrepresented. There must be some defect in the present system of female education, and it behooves physicians as well as parents to make inquiries, and suggest the remedies which the evil may be found to demand.

Phrenological Bequest.—Dr. Robertson, of Paris, an intimate friend and disciple, we understand, of the immortal Spurzheim, in his last will and testament, a copy of which was received in Boston last week, made the following bequest, viz. : to the Boston Phrenological Society, the whole of his extensive phrenological cabinet, which is represented to be unrivalled in any country ; and with it his own skull, and 1000 francs to pay the expense of transportation to the United States. It is understood that a copy of the will was forwarded to Dr. Howe, the president of the Society, by Mr. George Combe, of Edinburgh.

On Dislocations of the Ankle-joint, backwards and forwards.—Mr. Douglas read a paper “on dislocations of the ankle-joint, backwards and forwards.” Cases which came under the author’s notice were detailed ; casts and preparations of the parts illustrated the descriptions.

The following are the more remarkable appearances in a case of dislocation of the tibia forwards. The ankle was extended and quite stiff ; tibia advanced three quarters of an inch ; the anterior edge being exactly over the articulation of the astragalus with the os naviculare. The tendon of the tibialis anticus was in a straight line with its insertion. Behind, the astragalus projects so much that the flexor longus pollicis does not run in its groove in the tibia at all. The astragalus and os calcis are in their proper relation to each other, and their posterior ligament is entire. Additional ossification took place at the back of the tibia, close above the astragalus. The external malleolus remained perpendicular in its situation, with its three fibulo-tarsal ligaments entire. A hollow run obliquely upwards and backwards, from its anterior edge, showing where a fracture had taken place, the superior anterior portion having been thrown forward with the tibia. Internally the deltoid ligament seemed to have been ruptured.

A case of fracture of both bones close to the malleoli, which simulated luxation backwards of the tibia, was detailed.—*Brit. Asso. Proceedings.*

The Rest-harrow (Ononis Spinosa, or O. Arvensis), a Remedy for Rheumatism. By Dr. ASCHERSON, of Berlin.—Of this, as of many other remedies for chronic rheumatism, little more can be said than that a respectable author adds his testimony to the correctness of popular belief. Dr. Ascherson first heard of the virtues of rest-harrow (a common weed in this country as well as in Germany) from a washer-woman, and being convinced that it cured her, he tried it in several other cases and found it surprisingly beneficial. It was not invariably successful, but it never did harm, and cured many cases that had long resisted other means. The form of administration is a concentrated decoction of the fresh herb with its roots, or of the roots and stems dried ; and a quart of the decoction must be taken daily. Its immediate effect is powerfully diuretic.—*Caspar’s Wochenschrift.*

Physiology of Generation.—Mr. Kingdon related the following fact to the Medical Society of London, without offering any opinion upon its value, but bearing upon the subject of generation, always an interesting one, he thought it worthy of being mentioned:—A gentleman presented a friend with a sow in the tenth week of pregnancy; they attempted to remove the animal in a cart, but in getting her into the vehicle she fell and dislocated her thigh. Six weeks afterwards she was delivered of a fine litter of pigs, two-thirds of which were affected with great debility of the hind quarters, which, when the pigs stood up, were in a state resembling chorea. Had the accident to the mother any effect in producing this state in her offspring?—*Lancet*.

Experimental Researches on the Functions of the Encephalon, considered in relation to Sensation, Station and Progression. By M. MONAT.—This is a long report to the Royal Academy, in which the author, after proving the insensibility of the brain, endeavors to point out the functions of its different portions. In this, however, he has but partially succeeded, and the committee, MM. Ribes, Blandin, Amussat and Bouillaud, come to the following conclusions: 1. That the three great nervous centres, the spinal marrow, the cerebrum, and the cerebellum, have distinct and special functions; 2, that sensation, properly so called, and motion, are under the immediate and direct influence of the spinal marrow, and have each particular nerves; 3, that the brain presides over the various manifestations of intelligence and volition; 4, that the cerebellum plays an important part over the functions of *Progression* and *Station*. As to the functions peculiar to particular parts of the nervous centres, much yet remains to be done for their determination.—*Bul. de l'Acad.*

Medical Miscellany.—Dr. Locock received the generous sum of £1000 sterling for his services in delivering the queen of England of a princess, Nov. 21st. Her majesty has enrolled her name in the signature book of the members of the Royal Medico-Chirurgical Society, and assumed the obligations of a member—a queer piece of mummery.—Mr. George Combe has three volumes in press, so says rumor, entitled a *Phrenological Visit to the United States*.—The Medical Almanac for 1841 meets with an active sale. Messrs. Otis, Broaders & Co., of Boston, the publishers, will furnish booksellers at a distance, with packages, by railroad.—A morbid specimen of a completely ossified ovary, from an elderly lady, who had been barren, was lately presented to the Medical Society of London by Mr. Pilcher.

TO CORRESPONDENTS.—Dr. Storer's case of poisoning by arsenic, in the person of Mr. Kinney, whose death and the judicial investigation connected with it have been the cause of no little excitement in our community, was received too late for this number, and will appear next week.—An obituary notice of the late Prof. Woodward, of Vermont, will also be published next week.

DIED,—In this city, Dr. B. McHenry, 35.

Number of deaths in Boston for the week ending Dec. 26, 27.—Males, 20—females, 7. Stillborn, 3. Of consumption, 4—lung fever, 4—coxalgia, 1—brain fever, 1—typhous fever, 2—liver complaint, 1—abscess, 1—dropsy on the heart, 1—lead poison, 1—scurvy, 1—disease of the heart, 1—infantile, 2—croup, 1—rose cancer, 1—dropsy, 1—chronic bronchitis, 1.

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

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Morbid Anatomy at the Hospitals, by				
Anatomy, Surgery and Medical Jurisprudence, by	-	-	-	DR. WILEY.

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DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—eoptf.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

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October 23d, 1840.

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VERMONT ACADEMY OF MEDICINE.

LECTURES will commence on the second Thursday of March, 1841, and continue fourteen weeks.

Theory and Practice of Medicine, by	-	-	-	HORACE GREEN, M.D., N. Y.
Anatomy and Physiology, by	-	-	-	ROBERT NELSON, M.D., N. Y.
Chemistry and Pharmacy, by	-	-	-	JAMES HADLEY, M.D., Fairfield, N. Y.
Surgery and Medical Jurisprudence, by	-	-	-	JAMES BRYAN, M.D., Philadelphia.
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Fees for the course, \$50. Matriculation, \$5. Graduating expenses, \$15.				

Castleton, Vt., Nov., 1840.

N. 18.—1antM&cover

JOSEPH PERKINS,
Registrar.

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PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, JANUARY 6, 1841.

No. 22.

CASES OF POISONING BY ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I conceive it a duty due the profession as well as myself, to make known, through the medium of the medical press, the symptoms exhibited during life, and the appearances presented upon the examination of the body, after death, of the late George T. Kinney—not merely on account of the interest which has been excited by the late judicial investigation of the causes which may have produced his death, but that my brethren may learn from some other source than the erroneous reports of several of the daily newspapers, the history of the case. I refrain from making any comments upon the subject—but would present general notes of several other cases of poisoning by arsenic which have fallen under my observation during the past season. Although I was allowed in neither case an autopsy, they may not be thought altogether destitute of interest, as a means of showing how great a variation is observable, in the most prominent symptoms, in the different cases.

Boston, Dec., 1840.

Respectfully yours,

D. HUMPHREYS STORER.

On the morning of the 9th of August last, between 12 and 1 o'clock, I was called to visit the late Mr. Kinney. He was lying in bed, complaining of an indescribable sensation at the epigastrium, and great distress in the lower portion of the abdomen; the pulse were very feeble; the surface of the body was cold and damp; the countenance was ghastly and slightly livid; the left fore-arm and hand were also livid. He had vomited, just before I entered his chamber, a yellowish green fluid—and a fluid of a similar character had passed his bowels. I learned that he was attacked with vomiting about fourteen hours previous to my visit, and that he had been constantly growing sicker from that time. I ordered sinapisms to be applied to the epigastrium and feet; forty drops of laudanum to be administered in hot water and brandy *pro re nata*—and an opiate injection to be thrown up his bowels.

Upon my second visit, between 5 and 6 o'clock of the same morning, I found him more unwell; his sufferings were aggravated; the restlessness had increased; he complained of great thirst; was constantly calling for drink, and as constantly vomiting; the bowels appeared to be much more irritable than they had been—as there was a continual wish to evacuate them. The discharges were perfectly liquid, and yellow-

ish. Slight twitchings of the muscles of the interior of the thighs were perceptible to the eye. The laudanum prescribed at my former visit, had been given, but the injection had not been administered. I again requested it might be employed—and ordered in addition a pill of calomel and opium.

I saw my patient again at 10 o'clock, A. M. He was rapidly sinking; the vomiting had ceased about an hour previously—but he was much more feeble; he complained of great dyspnœa; he was so much distressed that he could not lie in bed; but seated upon a large chamber vessel, the contents of his bowels were passing from him in a constant stream.

In a few moments, Dr. Bigelow saw him with me. He had just been removed from the vessel upon which he had been sitting, and was seated in a chair, with his head thrown backward, and his feet resting upon the edge of the bedstead. The circulation was very languid—the pulsation of the radial artery was scarcely perceptible; the tongue was cold to the touch; he was almost insensible. We examined the discharges from the bowels, which were entirely liquid, and judged the quantity which had passed the previous three hours, to be about three quarts.

I saw him one hour afterwards. He had been dead three quarters of an hour. His body was in the same position as when I made my last visit. Muscular contractions, so strong as nearly to bring the knees in contact, although separated at some distance, were well marked, and observed with astonishment by the bystanders.

The body was examined by Dr. J. B. S. Jackson, in presence of Dr. Bigelow and myself, at 4 o'clock, P. M.—and he has kindly prepared his notes of the *post-mortem examination* to accompany these remarks. Dr. Gay has also furnished me with a chemical examination of the contents of the stomach.

“*AUTOPSY, five hours after death.*—Externally very rigid; slight contraction of some of the muscles produced by striking them smartly with the fist. Left hand and fore-arm quite livid. Abdomen moderately full and firm.

Peritoneum unusually moist, and in the cavity of the pelvis a small quantity of fluid which appeared rather bloody; but, as the light was imperfect, the color could not be clearly distinguished.

Pharynx somewhat red, but not more so than often seen. Œsophagus healthy.

Stomach of average size. Contained about 3xx. of moderately thick, opaque, colored liquid, not bloody, nor otherwise remarkable.—In the large curvature was an ecchymosis of the mucous coat, forming a deep, dark red, well-defined patch, equal to about three inches in diameter, the membrane at this part appearing rather thick, but not softened; extended somewhat to the sub-mucous cellular tissue, but not to the muscular. Two similar spots near cardia and towards large curvature, about two thirds or three quarters of an inch in diameter, but less deep than the first. Mucous membrane elsewhere rather more red than usual and rather soft in some places, but not otherwise remarkable; no

corrugation, ulceration, effusion of lymph, nor adherent mucus. As soon as the ecchymosis was perceived, I suspected very strongly that Mr. K. had died from the effects of arsenic, and looked carefully for grains of the white oxide, but found none. The contents, however, were set aside and subsequently carried to Dr. Gay for chemical examination.

Intestines of medium size. Contained several pints of a faint yellow, serous fluid, mixed with a considerable quantity of flaky mucus, but without any trace of *fæces* or of *fæcal* odor. Mucous membrane generally rather red, more so in some parts than in others, and particularly in the rectum which was examined to within an inch of its termination; no ulceration nor adherent secretion; in the duodenum were several small, but deep spots of ecchymosis.

Liver, spleen and kidneys healthy. Bladder strongly contracted, containing scarcely a drachm of fluid.

In the thorax nothing remarkable, except a trace of ecchymosis on the inner surface of the left ventricle. The cavity of the pericardium, also, contained a little bloody serum.

It appeared to me at the time of the dissection, and I think now, that the symptoms and morbid appearances alone would have shown this to be a case of arsenic rather than of cholera, even if the presence of poison in the contents of the stomach had not been proved; for, though ecchymosis has been found in the stomach in cholera, it certainly is not a common appearance, and of 11 cases which I saw in this city in the year 1832, and of nearly all of which I took full notes, it is not mentioned in a single one; in cases of arsenic, on the other hand, I presume it is a common appearance.

The bloody tinge of the fluid in the cavity of the peritoneum and pericardium in the above case, if there was no mistake as to the fact, is interesting as connected with the ecchymosis in the stomach and the heart found in this and similar cases. I have never seen anything of the kind noticed in any recorded case of poisoning by arsenic, except in Dr. Cotting's (*Boston Medical and Surgical Journal* for March 7th, 1838), the dissection of which I saw, and in which there were 'three or four masses of dark coagulated blood upon the free surface of the mesentery, about two or three lines in diameter.' If the ecchymosis of the stomach were not sufficient, the appearances just noticed would go far towards distinguishing the above case from cholera, as in this last we find rather a deficiency of the natural moisture in the serous membranes, and certainly nothing like an effusion of blood."

Chemical Examination of the Contents of the Stomach, by Dr. M. Gay.—There were about 18 ounces of the contents of the stomach. They were of a brown color, giving out a very little odor, and containing but little solid matter. There were no white particles resembling arsenious acid. They were examined to ascertain if any irritant poison was contained in them, and there was found arsenious acid. By the process of Christison a portion of the arsenic was separated and reduced to the metallic state; this was oxidized, and the arsenious acid thus formed was dissolved and tested by ammoniated nitrate of silver and ammoniated sulphate of copper. There were in the whole contents of the

stomach ten grains of arsenious acid, all of which was in a state of solution.

On the 27th of June last, I was sent for to visit three Irishmen who had been taking arsenic. It appears, that owing to the unpardonable carelessness of an apothecary of this city, who had spread with lard, a quantity of gingerbread, into which he had mixed half of an ounce of the white oxide of arsenic, and placed it in his cellar for the purpose of destroying rats, these men, who were at work in his cellar, were poisoned. They each ate of the gingerbread at 11 o'clock, A. M.; two of them partook more freely than the third. A short time after having eaten it they felt sick—and between 12 and 1 o'clock, P. M., began to vomit. I saw them the next morning at 9 o'clock—twenty-two hours after the poison had been taken. One of these men was beyond relief—he was in bed, writhing about in great agony, complaining of intense burning at the stomach, which he described as insupportable; he had been vomiting incessantly since noon of the previous day; had not had a constant disposition to purge, but had suffered much from tenesmus; the abdomen was greatly swollen, and pressure upon it produced uneasiness; the pulse were scarcely perceptible; the countenance was ghastly and livid, and covered with a cold moisture; the vision was dim—the conjunctiva of the eyes was of a vivid red color; the entire surface of the body was cold and wet, and for the most part livid; he was at moments delirious. He died at 3 o'clock, P. M., and when I called again the latter part of the afternoon, he was enclosed in his coffin. The whole face and neck, the only parts to be seen, were livid.

The second man seems to have eaten more of the bread than either of the others, if his story can be believed. After visiting the former, who lived in his neighborhood, I looked in upon him. He was lying quietly in bed—complaining, however, occasionally, of considerable distress at the stomach. He had been vomiting the greater part of the time since he had taken the poison—and trusting, from his pulse being good, and his countenance and skin appearing well, that he had thrown off the arsenic, I administered diluent drinks; and ordered six leeches to be applied to the epigastrium, which was tender upon pressure—and an ounce of castor oil to be given, the bowels not having been opened since the drug was swallowed. The next morning, forty-four hours after the arsenic had been taken, I found him apparently much better. His bowels had been operated upon by the cathartic; the distress at the epigastrium was relieved—and he, in a word, had *no complaint to make*. The evening of that day, I was sent for to visit him, and found him in great pain, with constant nausea, insatiable thirst and feeble pulse; his eyes were blood-shot. I prescribed sinapisms to the epigastrium, and pills of calomel and opium. The next morning he was much more comfortable, and I gave him nothing but diluent drinks. The following morning, the *fourth day* after the poison had been taken, I found him at a neighbor's house, to which he had walked, sitting up, dressed, and exhibiting no little confusion of mind in his conversation; he could not

be persuaded to go home, nor to do anything I wished. He had evidently been drinking spirit. He died that afternoon about 2 o'clock—and when I saw the body an hour afterwards, it was not merely livid, but *perfectly blue*.

The third individual had eaten but little of the bread, and his symptoms were much milder. He complained of considerable pain in the bowels, which continued more or less severe for a week, after the first day's vomiting and purging. His abdomen was much swollen; upon the second day of his sickness his pantaloons could not be made to meet over the umbilicus by a distance of six inches by actual measurement. This enlargement gradually subsided, and in the course of a week or ten days, he was at work, as well, with the exception of slight debility, as usual.

In connection with the above-mentioned cases, I cannot refrain from adding another from my note-book. The history of the case was taken from an intelligent eye-witness, at the time it occurred.

— Church, on Thursday, Sept. 10th, 1840, was very much intoxicated; ate nothing that day, nor the previous one. On Friday, 11th, swallowed two drachms of white arsenic in solution, at 2 o'clock, P. M. Immediately after taking it, laid down; at 3 o'clock, came down stairs, and appeared very feeble; complained that 'he was so weak that he could hardly stand.' Countenance pale; very thirsty, constantly asking for drink, which produced no vomiting. At 4 o'clock, physicians were called, who gave emetics, which produced no effect. At this time, slight cramps were observed of lower extremities; limbs very weak and tottering; no pain of any kind complained of; no swelling of the abdomen; eyes red and blood-shot; skin at no time either cold or damp, not even for some time after death. He died about 7 o'clock, P. M., *five hours after poison had been swallowed*, perfectly rational, without the slightest struggle. Twitchings of the muscles were observed about twenty minutes after death.

OBITUARY OF THEODORE WOODWARD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN one who has been highly distinguished by his station and professional character, reaches the termination of his earthly career, it is an act of justice to departed worth and the spontaneous impulse of ingenuous minds, while mingling their sympathies with the bereaved, to take some retrospect of such brilliant examples as are worthy of a place in the annals of the profession. Such an example, in the estimation of those who knew him best, was the subject of this notice, whose melancholy exit occurred Oct. 10, 1840, at the Vermont Asylum for the Insane in Brattleborough.

Dr. Theodore Woodward was born in Hanover, N. H., July 17, 1788. In early youth he was cast on his own resources, and became the architect of his own fame and fortune. Thus situated, he gave early promise of a genius, which united courage and perseverance to encounter and over-

come opposing difficulties, and a thirst for knowledge which procured for him such friendly aids and facilities as he improved to make rapid advances in literature and general science, and to attain very respectable qualifications, preparatory to the study of medicine. He commenced the study of medicine under the instruction of Dr. Nathan Smith, whose character is already before the public. Dr. Smith was to him both a friend and relative, being his maternal uncle; and to whom, in some important traits, Dr. W. has since exhibited a strong resemblance. His term of study was completed with Dr. Adin Kendrick, of Poultney, Vt.

Dr. Woodward commenced the practice of medicine at the age of 21, in Castleton, Vt. Although very youthful in appearance, he soon acquired, to an unusual extent, the confidence and patronage of the public, which was continued and increased nearly to the end of his professional career.

In Dr. W. were combined, perhaps in an equal degree, those qualifications which are requisite for the successful practice of both physic and surgery; and he early attained an ascendancy which led him to be extensively consulted by his professional brethren, as well as other persons of distinction, and at considerable distance from his residence. Thus distinguished, he understood how to avail himself profitably of his extended means of observation and experience; for although he sought from books the treasures which were daily gathered from each field of discovery, he was not content to float on the tide of professional routine, or to take things on the dictum of others, unless corroborated by careful experience. Neither was he satisfied to be the mere receptacle or channel of communication, without adding his tribute to the resources of his favorite science. Such were some of the qualities which made him the constant, laborious student of everything which related to the nature and cure of disease, and blended with unusual symmetry the characters and avocations of the student and the physician.

Dr. Woodward was distinguished for quickness of apprehension and acute discrimination when investigating disease, and great shrewdness in the expediency and adaptation of remedies, so that in cases admitting or requiring despatch, his conclusions sometimes appeared to result from intuition or precipitation rather than investigation and reason. Still he was not deficient in cool and mature deliberation, whenever the time and occasion required it. Hence his resources were seldom inadequate to the most alarming exigences of practice. He usually maintained much reserve in regard to the name or special qualities of remedies prescribed, and when questioned by his patients or their friends, was in the habit of giving such facetious and evasive replies as were rather the occasion of amusement than offence. His habitual vivacity made him a welcome and profitable visitor on most occasions, while his energetic manner, self-possession and reputation for success, won the almost unlimited confidence of his patients.

During the course of his practice Dr. W. performed most of the operations of surgery which are regarded as critical and important, and was no less distinguished for his fortunate selection of the proper time and medical treatment of operations, than for his accurate knowledge of

parts and manual tact; hence he was unusually successful, and extensively employed as a surgeon. Indeed, few country practitioners, even of a much longer professional life, have had an equal opportunity of observing so great an extent and variety, both of general and surgical diseases; few have rendered the healing art more practically beneficial, and few have profited by it to accumulate a richer fund of experience.

Dr. Woodward was to a great degree engrossed in the business of his profession, and perhaps to a fault abstracted from the ordinary concerns of life. Medicine was the absorbing topic of his soul. Hence he was seldom found in the arena of political or theological controversy; yet he was a firm believer of revealed truth, and highly regarded the morality which it inculcates. He was also a patron of the moral and educational institutions of his country.

Soon after becoming established in practice, Dr. Woodward's attention was turned to the condition of medical education in his adopted State. An extensive region in which he was located, was found destitute of a school of medicine, such as was already regarded as necessary to afford to pupils demonstrative instruction in certain branches, and that kind of tuition intermediate between books and experience, which is imparted by public lectures on all branches of medicine. Many students of medicine, whose means of private instruction were very limited, were found, either necessarily or willingly, to forego the advantages of public instruction, and to enter the profession with qualifications much below the standard of education in the more favored States, and quite inadequate to the responsibilities of their station. In these circumstances, we find Dr. W. adding to his labors, his usefulness and his honors, those of a public teacher of medicine. This he did not aspire to do by seeking to enter some well-endowed and honorable institution; his was the very different and difficult business, by individual effort, unaided by legislative patronage, to create, to collect and arrange the materials of an independent college of medicine, remote from many of the facilities and advantages enjoyed by such institutions in our cities. By the aid of his worthy colleague, Dr. Selah Gridley, and the contributions of some friends of the enterprise, he succeeded in founding and establishing the Vermont Academy of Medicine. In this effort he received the hearty co-operation of many professional friends, who, it is believed, concur in awarding to Dr. W. the chief merit of having placed the advantages of competent medical instruction within the reach of many hundreds of young men who were seeking the qualifications of a useful and honorable profession.

As an instructor, Dr. Woodward was characterized by extensive research and thorough acquaintance with the best authorities extant, ample resources of experience and good humor, which were well combined with some peculiar eccentricities to render his instruction thorough, clear and impressive. Perhaps there is no better testimony of his success and reputation as a teacher, than the twenty years' uninterrupted prosperity of the school, during which term he was one of its most efficient agents; and the numerous classes of his pupils, both public and private,

who have found cause to approve his precepts by the test of sober experience.

Dr. W. was possessed of a firm and athletic physical constitution, which for many years seemed to endure, unharmed, the buffetings of professional hardship. Always alive to the duties of his station and the impulse of benevolent sympathy, he seemed to regard no sacrifice of his own personal comfort as too great, when required to relieve human suffering. His health at length became gradually impaired, and he suffered at first from a spasmodic affection; and more recently by severe paroxysms of neuralgia, consequent to any considerable fatigue or exposure. Both affections were probably dependent upon some disorder of the digestive functions. Still he remitted not his exertions to comply with the calls of those to whom he had been long endeared by the relation of physician and patient, until the neuralgia became occasionally alternated with paraplegia, and the last affection was sometimes suspended by intervals of partial insanity of mind. During several years previous to this period there had been apparently an irregular progress of disease, commencing with derangement of the digestive system (probably functional) and followed successively by epilepsy, neuralgia, paraplegia and mental insanity; each succeeding affection alternating for a time with the preceding one, and at length seeming to displace it. Moreover each form of disease was readily mitigated and removed by appropriate remedies, and had every aspect of being curable, in a less laborious patient, and yet was as often re-produced by professional privations and exposures, until the mental powers yielded to the combined pressure of physical disease and mental effort; and in the meridian of his usefulness and honors, his health, his intellect and life were successively the sacrifices of his ardent devotion to the healing art. The paralysis of the lower extremities gradually ceased to alternate with the monomania, and combined in a more general form of paralysis and insanity.

In this afflictive condition Dr. Woodward was conveyed to the Asylum, where it was hoped he might derive some benefit from the humane and skilful attentions which are bestowed on an unfortunate class of our citizens. But notwithstanding he received every attention from his worthy friend Dr. Rockwell, it was soon evident that he had attained to a state of *dementia* which was confirmed and irremediable.

Excepting now and then some bright scintillations of the wreck of genius, which like "the ruling passion strong in death," always bore the tincture of his profession, Dr. W. lingered many months, exhibiting to his friends but a sad memento of what he had long been to them, "the man of hope." The course of disease and exhaustion was at length completed. It is supposed there was some reviving of intelligence and affectionate recognition of his family near the closing scene of life, shortly after which, death, like a friendly messenger, unlocked the prison house, and the indestructible spirit escaped. J. P.

Castleton, Dec., 1840.

ANEURISM OF THE AORTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case, thinking that it may interest your readers, both from the singularity of the circumstances and the character of the physical lesion.

I was called to the hall of the Debating Club, in this town, by a messenger, stating that Mr. G., a man of about sixty years, was bleeding to death. Hastening to the spot, I found the Society and their lady audience in great trouble, surrounding the unfortunate individual. The latter was leaning forward, ejecting from his mouth and nostrils copious streams of blood, of which there was already a large pool on the floor. The fluid seemed to come with both a cough and an effort to vomit, and was of arterial hue. Administering to him a considerable quantity of common salt, which he swallowed with eagerness, I proceeded to make preparations to bleed him; but finding him sink rapidly, and finally fall into a complete syncope, I placed him in the horizontal posture, and perceived the pulse again beat a few strokes and ultimately entirely cease. Stimulants were freely used, and all possible means of restoration resorted to; but in vain—no symptoms of reanimation could be obtained. The man had been speaking on the subject matter of the debate, paused a moment, coughed slightly, was immediately overwhelmed with a gush of blood, and died.

Having obtained leave to examine the body, I proceeded (17 hours after death) to seek for the cause of this sudden event.

The lungs were found to present no unhealthy appearance, save in the bronchi and their ramifications. These were almost entirely filled with coagula, while their mucous membrane presented a hue, as though stained with blood. This color, however, was easily removed, by slight washing or by scraping with the knife. A few tubercles existed, about the apex of either lung, very small and observed with difficulty.

The heart was apparently slightly enlarged. The right auricle did not seem to have undergone any perceptible change from a healthy condition. The right ventricle was a little enlarged and considerably thickened, its walls measuring one quarter of an inch in thickness. The muscular columns were thick and strong. The left auricle was a little thickened, and appeared to have an increased capacity. The left ventricle was enlarged, its sides being seven eighths of an inch in thickness, and its columns remarkably strong and well developed. Its capacity was not ascertained by measurement, but it appeared to me but slightly increased. The valves of the aorta were ossified; the mitral valves presented the appearance of thickening, but the other valves seemed healthy. The coronary arteries were materially enlarged, and the whole heart, in short, presented an aspect of increased muscularity.

The aorta offered to our view the most remarkable phenomena. Dilating immediately from the tricuspid valve, it attained a diameter of three and a half inches, which it maintained for five and a half inches, in its course, when it again became of a normal size. The coat presented a variety in its thickness, being thinner than natural at some

points, while in others it seemed to be thickened. Laminæ of various sizes were plentifully distributed through the entire parietes. This enlarged arterial sac communicated with another, immediately behind the arch, and opening into it by a foramen, which allowed the passage of the forefinger. The second sac was partially filled with adhering layers of coagulum, and might have held a half pint in addition. On close examination, there was discovered at the point at which this tumor pressed on the left bronchus, to which it was adherent, a small circular opening, of the diameter of three sixteenths to one quarter of an inch, bearing the marks of ulceration, and allowing free egress from the sac to the bronchus. The parietes of the tumor were in all other places very thick and strong.

The vertebræ, on which the tumor had pressed, were absorbed, to a very great extent, the process of removal appearing to have gone on to the half of the bodies of two bones, together with the inter-vertebral substance. The sternum, too, had suffered from absorption, in consequence of the pressure anteriorly.

Such were the lesions, according to my imperfect notes, discovered in the post-mortem examination. As to the condition of the carotid and subclavian arteries, it was in no essential or perceptible respect abnormal.

Of the symptoms of the disease, during life, I have been able to obtain but a very imperfect history—as I have no knowledge of any accurate examination of the case ever having been made. The most remarkable point about the man, was a very loud, hard and dry cough, which is described by his neighbors, as audible “for a full half mile.” I have heard the cough at a remarkable distance. The patient at times complained of a sensation of gnawing in the chest, but not constant. He was the sexton of one of the churches, and labored with his hands in other occupations—enjoyed what he called good health, and habitually attended the meetings of the Society, in whose room he so suddenly expired.

BENJ. H. WEST, M.D.

Pawtucket, R. I., Dec. 21st, 1840.

DIVISION OF THE STERNO-CLEIDO-MASTOID MUSCLE FOR THE CURE OF WRY-NECK.

BY F. SNAITH, M.D., BOSTON, ENG.

MR. FRED. WARD, æt. 21, the son of a wealthy Lincolnshire brewer, was born with wry-neck, and, being anxious to be relieved from the deformity, he consulted me on Thursday evening, Oct. 22d; after proposing an operation, to which he consented, I divided the contracted muscle on the following morning.

After ascertaining the outline of, I passed the knife under the tendinous portion of the muscle, and then turned the cutting edge of the knife towards the muscle, in order to divide it, without wounding the skin; the division of the tendon was announced by loud cracking sounds,

such (according to the patient's statement) as might be produced by breaking sticks across the knee. I have divided the tendo-Achillis for talipes, but its clicking is very different from the sound I am describing. The operation scarcely occupied a quarter of a minute, and not more than two or three drops of blood flowed from the small puncture; the patient scarcely felt the introduction of the knife, but the most excruciating pain followed the division of the tendon. When the muscle was divided, it sprang upwards with great violence, and appeared to tear away bands of cellular membrane, which connected it with adjacent muscles. Upon each contraction of the muscle, the countenance gave evidence of the most acute suffering. When the division of the tendon was effected, the distorted side of the neck bobbed up, like an automaton figure, when acted upon by machinery, suddenly put into motion. The small puncture made to introduce the knife healed on the following day, and the patient was able to resume his business three days after the operation.

On the day following the operation, I placed a strap round the head, and another under the axilla, which buckled to a strap from the head-strap, so that I could use considerable power in bringing the head to the left side; but, I think, there is not much occasion now for the strapping, as the patient can move his head in all directions, and without effort keep it in a natural position.—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 6, 1841.

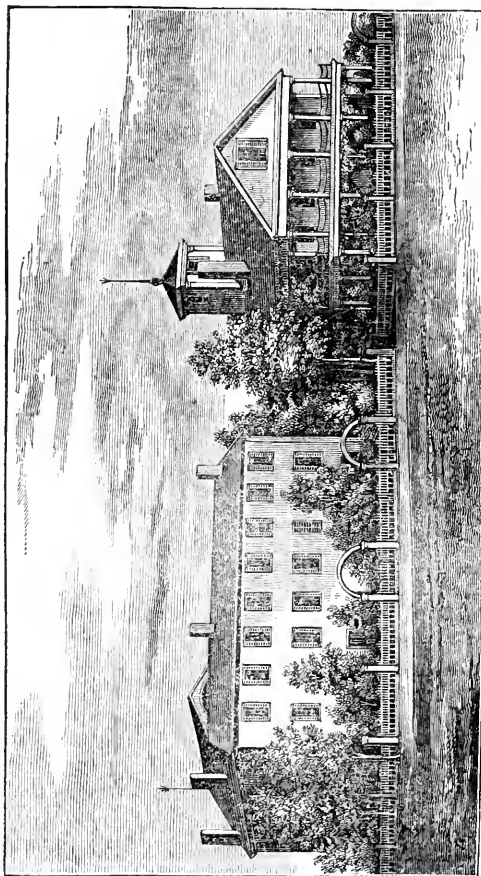
PEPPERELL INSTITUTION FOR THE INSANE.

IN the year 1825, Dr. Cutler, of Pepperell, Mass., a town 40 miles N. W. of Boston, without particularly wishing to embrace within the circle of his practice the diseases of the mind, unexpectedly found himself so constantly consulted by the friends of the insane, in consequence of the fortunate manner in which he had treated a few marked cases, that he was actually obliged to make some extra provision for the accommodation of that class of patients. We had contemplated a minute historical account of this now quite celebrated asylum, but it would occupy too much room in the Journal, without being essential to the object at first contemplated in this notice.

The rules and regulations which were instituted at the commencement for the government of the Asylum, are appended, to show the complete organization of the establishment, which has grown extensively into public favor, and continues to maintain the character that we trust it will always sustain.

"1st. It is the duty of the attendants to devote their whole time to the boarding patients. Let your conduct to the patients be always civil, respectful and polite. Use no unnecessary authority. Let your language be calm and persuasive. Endeavor to control them by persuasion; and if compulsion be necessary, use it with great care and wisdom, remembering

to explain to them the reason and intention of your procedure. It is your duty to exercise a moral influence over the patients, and endeavor to improve and amuse their minds. When they are in their rooms, amuse them by reading some appropriate book, by chess, checkers, shuttlecock, ninepins, &c. Strict attention to be paid to their dress, &c. Particular attention given to them when they ride or walk. Attend to their deportment, and correct all improper talk and conduct. Never call at stores or any public house, and have no conversation with the people on the way. Never appear pleased with any indecent language or behavior, but always show your disapprobation.



The above drawing will convey a just idea of the general external appearance of the two principal edifices. The face of the building in the rear of the two gates, has a front of 78 feet, with a depth of 44 in one direction, and in the L form of another division there are various apartments that could not be represented in the present profile view. The other house has a front of 42 and a depth of 87 feet.

2d. All the boarders in a suitable state of mind must attend morning and evening devotion, at the ringing of the bell for prayers, accompanied by their nurses and attendants—and also attend church on Sundays.

3d. *Exercises.*—Their exercise must commence immediately after morning devotion. Those who labor on the farm and in the work-shop, go to their business under the direction of their attendants; and those who exercise by riding, walking, &c., with their attendants. All must return to

their rooms at 11, A. M., to be in readiness for dinner at 12, M. All the patients in a suitable state of mind, dine at the family table under the direction of the physician, Dr. C., and those who are not, in their rooms under the direction of their attendants.

"4th. *Afternoon exercises* commence at two o'clock, and are somewhat similar to those of the forenoon (in the summer season) with the addition of amusements in the grove, such as bowling, swinging, and riding the flying horses. All retire to their rooms at five o'clock, and prepare for supper, which they take in the same manner as dinner and breakfast.

"5th. At half past eight o'clock all attend evening devotion, and at nine retire to their beds."

With regard to the internal conveniences and medical treatment, a few items are subjoined, amply sufficient to show that the comfort and well-being of those confided to Dr. Cutler's care are promptly attended to.

"The course of treatment from the commencement has been adapted to the derangement of the physical system, and a strict attention paid to the moral management of the patients. One principle has been to treat them as sane and as ladies and gentlemen. Their exercise, which always has been considered an important agent in the curative process, is walking, riding on horseback and in carriages, bowling, swinging, &c., and also manual labor on the farm, which is one of the best exercises in use. The work-shop has also been in use."

About five hundred and twenty-eight patients have been received since 1825, and not far from nine-tenths, it is supposed, have been discharged well or greatly improved.

In the year 1839 Dr. Parker, a pupil of Dr. Cutler's, became a joint partner in the concerns of the institution, which still continues, under their management, one of the best private hospitals for the insane in the country, and it shows how much can be accomplished by perseverance in the cause of humanity, on the part of a single individual.

Infirmary for Diseases of the Lungs.—Through the mislaying of the Third Annual Report, and not from any design to neglect the unobtrusive claims of an admirable medical charity, do we explain this late notice of the last year's doings of the Infirmary. In the language of the report, the prevalence and the danger of diseases of the lungs are familiar to all—and so, too, is the importance of distinguishing the nature of the disease at an early period of its development, that the patient may be placed under the most favorable circumstances, and receive the proper remedies for a restoration to health. This Infirmary is expressly designed for giving medical advice and medicines, gratuitously, to the poor who are laboring under any disease of the lungs or heart. In the short period of thirty-six months, one hundred and seven cases have been recorded—as so many precedents for reference and future guidance. Besides those visited at their own homes, the regular increase of medical examinations is perceptibly increasing with the age and excellent character of the Infirmary. Those who labor for its professional reputation are no medical cynics, but kind-hearted and proverbially obliging to the humblest applicant. In saying this, we speak from a personal knowledge of the manner of doing the regular business of the charity. It should be known that Mr. Charles White, a druggist well known in Boston, not to be outdone by the physicians, has generously given all the medicines prescribed at

the Infirmary, the past year. The rooms of the institution, for the present, are at No. 13 School street, and the hours of attendance from 12 to 1, Mondays, Wednesdays and Fridays. It is the best place in the city for medical students to learn the exact and scientific mode of auscultation.

An American Giant.—Mons. Behin, the gigantic Belgian, who exhibited himself in Boston the last autumn, was viewed with admiration and astonishment, as one of the most magnificent specimens of humanity in these latter days. The eclat of his colossal proportions, and of his success in exhibiting himself, reached the remote section of St. Josephs, in the State of Michigan, where there resided, in rural quietude, Charles Freeman, a youth, 19 years of age, whose stature had so outstripped the ordinary altitude of common men, that he began to think himself worth seeing—and with that impression firmly established in his mind, he came to the city of New York, and has finally arrived in Boston, where he is on exhibition at Mr. Harrington's Museum.

Having called, as others do, to gratify the common promptings of curiosity, we noted down the following items in relation to Mr. F.'s history.

Charles Freeman, significantly called the American Giant, and with much propriety, too, was born in the city of New York, July 16th, 1821, and will therefore be 19 years and six months old on the 16th of the present month. In height he measures *seven feet and three inches*, and weighs *three hundred and twenty pounds!* Around the chest the girth is *fifty-four inches*. When about three years of age, the family emigrated to Illinois, and ultimately settled at St. Josephs in Michigan, where he has been brought up to a life of honest industry on a farm, and has grown to be a wonder to himself. He is the youngest of four children—all pretty tall, though not strikingly so. The father stands over six feet, and the mother not far from five feet and six inches. The subject of these memoranda is a perfect youth in facial expression—having never been shaven till since leaving home. All the muscular apparatus belonging to his Herculean frame work of bones, is prodigiously developed. Of his tremendous strength there can be no question. At present he seems to be in the process of growing—having gained two inches the past year;—but what he is destined to be when his growth is completed, is past our divining. It may be conjectured that when the whole body is finished and has assumed the just proportions which nature evidently intends to give it, he will stand in the midst of the people of the United States, as Gulliver did in the kingdom of Lilliput, the wonder of a nation.

In accordance with our plan of giving permanent record to whatever may be even remotely serviceable to future chroniclers of science, amongst whom the members of the medical profession have ever been prominent, the foregoing notice of this interesting individual has been narrated.

Smallpox.—The disease is still rife in New York.—At Castine, Me., considerable alarm has been caused by the development of a bad case, to which very many seamen and inhabitants on shore were exposed before the character of the malady was detected. Seamen from the port of New York, some of whom will undoubtedly carry the smallpox in their systems to sea with them, may distribute this dreadful affliction widely over the world, and perhaps greatly affect commercial intercourse with foreign

parts. No vessel should go to sea without having every man on board thoroughly vaccinated. It would prevent unnecessary individual sufferings, and save all the perplexities of quarantine detentions and hospital expenses in other countries.

Increase of Smallpox in London.—"The deaths from smallpox have rapidly increased within the present year. The deaths in the metropolis at the close of 1839 were five weekly. Last week the deaths registered from smallpox amounted to 54. The rate of increase will be apparent from the subjoined statement:—

"Registered in the ten weeks, Jan. 5, March 14—72, or 7 weekly.

"Registered in the ten weeks, March 15, May 23—116, or 12 weekly.

"Registered in the ten weeks, May 21, August 1—148, or 15 weekly.

"Registered in the ten weeks, August 2, Oct. 10—225, or 22 weekly.

"The deaths from smallpox are now about five daily; and at the previous rates of increase will, unless prevented by vaccination, amount to 338 by Christmas, or in the next ten weeks."—*Lancet of Nov. 14.*

Medical Miscellany.—Dr. Dana is about giving a course of lectures on chemistry, at Lowell, which should be well patronized, for he is regarded as a superior instructor in that branch of useful knowledge.—A strange disease has been developed in Henry county, West Tennessee, which is exciting unusual alarm on account of its fatal character.—A meeting of the Censors of the Massachusetts Medical Society will be held at No. 9 Franklin street, Boston, on Wednesday, January 27th, at 4 o'clock, P. M., for the examination of candidates for licenses.—Mr. De Ville's phrenological cabinet consists of about 2400 specimens. Of national crania he has 500, besides a large collection of animals' skulls, &c., intensely interesting to the practical phrenologist. He has also a large collection of busts of ancient philosophers and great men of antiquity, taken from marbles originally in the Louvre, Florentine and Prussian galleries and private cabinets—"and it is surprising," says the scientific owner, "how phrenological developments bear out the biographical accounts of them."—Dr. McLeod, who was held to trial in Alabama for the murder of young Adrien the magician, about a year since, has been acquitted.—In the county of New Hanover, N. C., there are nine persons over 100 years of age. At the late presidential election, one of the number, who is a white man, being *one hundred and eight years* old, went to the polls and voted.—The Medical College of Ohio has 125 students. Louisville Medical Institute, 200. Transylvania, between 200 and 250; and the St. Louis School, 10 or 12.—The last No. of the Western Journal of Medicine and Surgery contains a long and somewhat severe reply to a late critique on Dr. Gross's Pathological Anatomy in the American Journal of Medical Sciences.

MARRIED,—At East Windsor, Ct., Dr. H. A. Hamilton, of Enfield, to Miss H. Watson, of the former place.—William H. Luce, M. D., of Tisbury, Ms., to Miss Abby J. Davis, of Chilmark.

Number of deaths in Boston for the week ending Jan. 2, 28.—Males, 9—females, 19. Stillborn, 1.

Of consumption, 4—dropsy on the brain, 1—fits, 1—old age, 4—burn, 1—erysipelas, 1—lung fever, 2—hooping cough, 2—intemperance, 2—croup, 1—inflammation of the brain, 1—typhous fever, 2—inflammation of the bowels, 1—child-bed, 1—epilepsy, 1.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	HENRY H. CHILDS, M.D.
Anatomy and Physiology, by	- - -	ROBERT WATTS, JR., M.D.
Medical Jurisprudence, by	- - -	HON. JACOB COLLAMER, A.M.
Principles and Practice of Surgery, by	- - -	LYMAN BARTLETT, M.D.
Chemistry and Natural History, by	- - -	ALONZO CLARKE, M.D.
Materia Medica and Pharmacy, by	- - -	B. R. PALMER, M.D.

Fees—for the course, \$50. For those who have already attended *two full courses* of lectures at a regular institution, \$10. Graduation fee, \$18.
Woodstock, Vt., Jan. 1st, 1841. Jan. 6.—8t NORMAN WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

ep1meop6m

SURGICAL INSTRUMENTS,

OF every variety, both English and American, for sale *low*, by
 N. 18.—ep3m BREWERS, STEVENS & CUSHING, Nos. 90 and 92 Washington st.

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.
 Nov. 25.—2w&1am6m.

A. F. BARTLETT,
Agent for JOHN R. CHAPIN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, JANUARY 13, 1841.

No. 23.

POISONING WITH ARSENIC.

MEETINGS AT THE FACULTY OF MEDICINE IN PARIS.

WE have seldom attended meetings of a more imposing nature than those recently held in Paris upon a most important question of medical jurisprudence, which has arisen out of the celebrated case of Lafarge, who was poisoned by his wife. The members of the Academies of Sciences and of Medicine, together with the élite of the practitioners resident in the French metropolis, had received invitations from M. Orfila to witness the exposition of his methods of detecting poison by arsenic and antimonial salts: as also a demonstration of the successful mode of treating poisoned animals, by bleeding and diluent diuretics, after evacuating the poison from the *primæ viæ*.

Nine chemists, employed on the trial of the female culprit at the assizes of Tulle, had failed to detect arsenic in the organs of the poisoned man; but M. Orfila, with Messrs. Bussy and Olivier d'Angers, who were subsequently consulted, succeeded in extracting the arsenic, which they exhibited to the court, in the form of metallic spots on porcelain capsules, and thus dissipated all doubt on the subject.

The chemists previously employed were men of eminence, theoretically acquainted with the mode of detecting arsenic, but not practically experienced in this delicate branch of chemical manipulation; and as thousands of medical practitioners would find themselves in the same predicament, to the great injury of the interests of justice, M. Orfila has rendered a great service to the cause of science, by publicly demonstrating the proper path to be pursued, more especially as he has carefully elucidated the errors likely to be committed, so as to produce failure.

Another question settled at these meetings, relates to the supposed impurity of tests employed in detecting arsenic. It is quite obvious that if the zinc, sulphuric acid, and water employed in the process, themselves contain the metal, we cannot be certain of its existence in the organs submitted to experiment with those tests. All who know M. Orfila are aware of his extreme caution to ascertain the purity of his tests at the moment of using them. When the hydrogen gas has been produced from these substances, nothing can be more easy than to suffer Marsh's apparatus which contains them to work for a quarter of an hour; and if, during that period, the gas inflamed at its exit from a very fine-pointed tube, bent at right angles from the bottle, deposit no arsenical spot on a porcelain capsule properly directed to its point, we may safely

infer that it contains no portion of the metal in question ; and if, at the expiration of that period, we add a portion of the suspected matter, prepared as hereinafter to be described, and the arsenical spots can then be made to appear on the capsule, the existence of the poison is fairly demonstrated.

A most absurd and calumnious insinuation has been circulated in relation to the case of Lafarge, that Orfila employed a nitrate of potash which might have been impure from admixture with arsenic. The learned dean, in answer to this, declares that he has examined two hundred different specimens of the commonest saltpetre of commerce, without ever finding them to contain a particle of arsenic.

The main object of the meetings was to demonstrate, by experiments on animals, 1, that arsenious acid and tartarized antimony, either introduced into the primæ viæ, or placed under the subcutaneous cellular tissue, are absorbed, mixed with the circulating fluid, and thus conveyed into all the organs of the animal body. 2. That they sojourn for a certain time in the viscera and muscles, where their presence may be demonstrated by Marsh's apparatus for the production of hydrogen, which dissolves the metallic salt, and again deposits it on a cold surface by combustion of the gas with certain precautions ; but that at a very early period after the ingestion of the poison, a *part* of what has been absorbed is eliminated by the urine, and consequently has abandoned the animal tissues. 3. That this elimination, which is much more rapid for the emetic tartar than the arsenious acid, continues for several days, until the tissues are completely freed of the poison. 4. That on this account it is *indispensable*, in the treatment of poisoning from these venomous substances, to promote the *secretion of urine*, and to abstract the deleterious blood. 5. That, in the majority of cases, it is possible to distinguish whether the arsenious acid and the tartarized antimony, which are extracted from a dead body, had been administered during life, or by cadaveric imbibition after death—this last might occur in cases of poison being put into the stomach, or rectum, of a person deceased, in order to raise a false accusation of poisoning against an innocent individual. 6. That the best mode of detecting minute portions of these mineral poisons, when absorbed into the organs, consists in destroying the greater part or the whole of the organic matters, by first drying them in a porcelain capsule over a fire, and then carbonizing them, either by concentrated azotic acid, or by deflagration with azotate of potash ; after which the residuum, if introduced into Marsh's apparatus, modified for the production of hydrogen gas, would come over as metallized gas, if the liquor should contain the metal. 7. That it is always easy to distinguish arsenic from antimony in the form of spots, when deposited from the metallized gas on the porcelain capsule ; and that we may be assured these spots neither proceed from the tests employed, nor from the apparatus itself, by suffering the latter to work for a certain time before we add the suspected matter, and by previously making trial of the inflamed gas upon the porcelain capsule destined to receive the metallic precipitate, if any should exist. 8. That the *bones* of man and several animals contain an arsenical compound insoluble in water, and which dif-

fers from the arsenic absorbed by the organs. 9. That we may extract from human muscles a matter which M. Orfila considers to contain an *infinitely minute* proportion of arsenic, sulphur, and an organic substance ; which compound differs essentially from the arsenical spots produced from the organs, or the urine, in case of poisoning. 10. That we find in the earth of certain churchyards *infinitely minute* quantities of arsenic *insoluble in boiling water*. 11. Finally, that in legal medicine we may easily avoid any error which the presence of these minute portions of arsenic in bones, muscles, and the soil of churchyards, seems at first sight likely to produce.

The meetings for the above demonstrations were held on Oct. 25, 26, Nov. 1, 2. The experiments on the animals were performed at a preliminary meeting at ten o'clock in the following order ; and the results were verified, and other collateral experiments were performed, at two.

First. The œsophagus was cut down upon in the neck of a dog, and tied ; the ligature was to be cut away after twenty-eight hours, to show that the animal would eat and drink as usual ; from which we might infer, that in the poisoned dogs, with ligature on the œsophagus, to prevent the vomiting of the poison, the animal was not injured by the ligature. All this has been verified.

Second dog. The penis was tied, in order that its urine might be collected and compared with the same fluid in a poisoned dog.

Third dog. Hanged, in order that poison might be introduced into the stomach, and there left for eight days, to show that the adjacent organs would *imbibe* it from the stomach.

Fourth dog. Twelve grains of arsenic in solution were introduced into the stomach by a glass funnel, through an incision in the œsophagus. The dog was to die before 2 o'clock, the hour appointed for the second meeting, which was verified.

Fifth dog. Instead of arsenic, a solution of twelve grains of tartarized antimony was poured into the stomach, as in the last case. Death, as in the last case.

Sixth dog. Three grains of arsenic were placed in the subcutaneous cellular tissue of the thigh. Death predicted, and realized in twenty-four hours.

Seventh dog. Tartarized antimony in the same dose (three grains) was put into the subcutaneous cellular tissue. Death in twenty-four hours, as in the former case.

In the last four animals the penis was tied, in order to preserve the urine ; which fluid should be the first to be examined, either in case of suspected poison during life, or after death, whenever it can be obtained. To neglect this in either case would be a capital blunder. During life it may be the only matter within the reach of the practitioner that can be tested ; and after death it may happen that all the metallic poison has been eliminated from the organs, but may still be in the urine. The first thing, therefore, to be done in post-mortem examinations of persons suspected to be poisoned, is to secure the urine, if the bladder should contain any ; nay, in one of the experiments at the meeting of the 26th, on the dog poisoned by three grains of arsenic, which had been left for

twenty-four hours in the subcutaneous cellular membrane of the thigh, no urine was found, and it could not have escaped from the urethra, in consequence of the penis having been tied; *yet the washing of the inner coat of the bladder detached a portion of arsenic from its surface*, and the liquor introduced into Marsh's apparatus deposited the metal in the usual way.

The urine of the healthy dog was found to contain no arsenic. This and another experiment on the healthy liver was performed, with the view of imposing silence upon cavillers who are seeking to obtain popularity as the patrons of criminals, by insinuating that *normal* arsenic is to be found in the human body, which, with certain limitation as to parts, is true; but it is sufficient for medico-legal purposes to show that no normal arsenic is contained either in the liver or in the urine, because in case of poisoning we need not go beyond those parts for the detection of the absorbed metal.

Detection of Arsenic and Antimony in the Urine.—These metals, which are soluble in hydrogen, so as to form arsenicated or antimoniated hydrogen respectively, may be easily expected to precipitate in a metallic form, on the combustion of the gas which holds them in solution; but that precipitation would be lost, unless the point of the gaseous flame were directed, *secundem artem*, on some *cold* surface capable of receiving the deposit, and the necessity of its being a *cold* surface, such as a white porcelain capsule, arises, as in the case of arsenic, from the volatility of that metal by heat. The experiment, therefore, might be defeated, by using so large a flame as to heat the surface; to prevent this, the point of the tube from which it emanates must be so fine, as to allow a flame not larger than about one sixth of an inch in length; the suspected urine is to be put into Marsh's bottle with zinc, sulphuric acid and water, for the production of hydrogen; if it contain arsenic, the inflamed gas, at the point of a tube inserted into the cork of the bottle, and bent nearly at right angles, will deposit the metal on the porcelain capsule in the form of yellowish brilliant spots, soluble in nitric acid; the dried salt thus produced being convertible into red arseniate of silver by nitrate of silver, if a sufficient quantity of nitric acid had been used; the arsenical spot may be further distinguished from the antimonial by its volatility at the flame-point of pure hydrogen, to say nothing of the difference of aspect which should be learned by actual experiment.

The detection of antimony in urine cannot be effected without evaporating the liquid to dryness, and carbonizing the residuum by boiling in azotic acid, or deflagrating with saltpetre; which latter, it may be remarked, cannot be depended upon for the carbonization of arsenical urine, inasmuch as that metal might be volatilized by the intensity of the deflagration.

After the carbonization of the residuum of antimonial urine, the tartaric acid, which forms the salt of the contained metal, has been decomposed, and the antimony is left in a form insoluble in water, until a portion of chlorhydric acid be added. In this state the coal is to be boiled for two or three hours in distilled water, the decoction is put into the hydrogen bottle, with zinc and diluted sulphuric acid, and the spots

of antimony are speedily precipitated on the porcelain capsule from the inflamed metallized gas.

In treating urine, the operator is liable to be incommoded by froth and albuminous matter floating upon the liquor within the apparatus. To remove this inconvenience when it occurs, let the whole be put into a glass funnel, until the frothy matter be settled on the surface; in which case the clear liquor can be easily separated, and returned into the apparatus.

It will be observed, that the arsenical and antimonial spots are both soluble in nitric acid, and differ little in appearance until after the application of heat, which, by supplying an additional dose of oxygen, converts the arsenious acid into arsenic acid; and this, again, can be decomposed by nitrate of silver, forming the arseniate of silver of a brick-dust color. No such change is produced in the antimonial salt; and it may be well to state, that the spots produced from the *normal* arsenic of muscular fibres differ in color from the *absorbed* arsenic in poisoning. The normal spots are an *opaque white, insoluble in cold nitric acid*, but soluble in the *boiling* acid. They are not convertible into arseniate of silver of a brick-dust color by *neutral* nitrate of silver, after their solution in *boiling* nitric acid has been evaporated to dryness by heat, and they are volatile.

In order to show these spots of *normal* arsenic, which M. Orfila remarks are in *infinitely minute* proportion, the learned professor boiled a quantity of human flesh in distilled water, with potash, for five hours; the decoction, strained and evaporated to dryness, was carbonized by azotic acid. It was then boiled for half an hour in distilled water, and put into the apparatus in presence of the assembly. In a few minutes the opaque white spots were received on a porcelain plate, and handed round the amphitheatre.

To contrast the *normal* arsenic with that produced in the human flesh by absorption from the stomach, a porcelain capsule was also exhibited with numerous arsenical spots, collected from the arm of the assassin Soufflot, who poisoned himself on receiving sentence of death.

M. Orfila has made repeated experiments on the urine of patients who had taken emetic tartar for inflammation of the lungs. The antimony in such cases can always be detected by Marsh's apparatus. The spots produced are not easily volatilized; and the nitrate of antimony formed by dissolving the spot in nitric acid, and evaporated to dryness by heat, is not reddened by nitrate of silver, like arsenic.

Detection of Arsenic in the Liver of one of the poisoned Dogs.—The dog poisoned by twelve grains of arsenic in solution poured into the stomach, the œsophagus having been tied to prevent vomiting, was in *articulo mortis* at the expiration of four hours. His liver was taken out, and M. Orfila directed attention to the fact, that the stomach and intestines had not been perforated so as to give issue to the poison. If, therefore, arsenic was found in the liver, its presence could only be accounted for by absorption in the regular way, through the circulation. One fourth of the liver was cut into minute portions, and dried in a porcelain capsule over a charcoal fire, then carbonized by nitric acid, and boiled in

distilled water. The decanted liquor was put into the hydrogen bottle, and in a few seconds the spots were deposited on the porcelain capsule.

The liver of the healthy dog treated in the same manner gave no trace of arsenic; and, as this result has been constantly witnessed, it may be inferred that the healthy liver contains no *normal* arsenic, although the metal in a modified form has been found in human flesh and bones.

One of the experiments made upon three fourths of the liver of the poisoned dog, produced fewer arsenical spots than that upon the fourth. This was owing to the carbonization having been effected by deflagration with nitrate of potash, which, from the intensity of its flame, had volatilized a portion of the metal. The nitrate of potash, therefore, is only to be adopted when the carbonization cannot be completed by azotic acid, in consequence of the parts having been more or less converted into *adipocire*, or, as M. Orfila says, saponified.

A caviller has publicly affirmed, that arsenic may be developed in the soft parts by putrefaction, although it might not exist, or be discoverable, in the normal state. A paper was, therefore, addressed to M. Orfila, by one of the academicians, requesting that an experiment might be made on a putrid liver, in order to settle this question. At the meeting of Nov. 1, M. Orfila had provided a liver, which had been in the dissecting room of the faculty for twelve days, and was in an advanced state of putrefaction on the day of meeting. In order to afford a greater chance of collecting the arsenic, if any should exist, it was resolved to carbonize the whole of the liver, instead of taking the dried residuum of its decoction, as in the former experiment on the sound liver. The whole was, therefore, carbonized by nitric acid in presence of the commission of the Academy of Sciences; which was not effected without much difficulty, in consequence of the change undergone by putrefaction. The mass was then boiled in distilled water, and the decoction was placed in Marsh's apparatus, in presence of the audience. Not an atom of arsenic could be traced. M. Lepelletier, as one of the commission of the Academy, tried his hand in directing the flame of the hydrogen upon the porcelain plate; but nothing was produced, excepting *a number of white spots, which are furnished by animal matter*. As this experiment is not a solitary one, M. Orfila maintains that *normal arsenic is not to be found in the liver, whether it be putrid or fresh*.

When the person poisoned by arsenic has taken emetic tartar for the purpose of producing vomiting, the blood, the organs and the urine will contain both the metals, which may be reproduced by Marsh's apparatus. The aspect of the mixed metals will vary according to the proportions in which they respectively exist. In order to illustrate this, M. Orfila exhibited the results of different proportions of the respective metallic solutions on a porcelain plate; from two drops of a concentrated solution of emetic tartar for instance, to two of arsenic, then 2 to 3, 2 to 4, &c., the arsenic being the increasing substance. Another series was formed out of larger quantities, beginning with 9 grains of arsenic to 9 of emetic tartar, then 9 to 10, 9 to 11, &c., the ascending series being the antimonial salt.—*Lancet*.

A CASE RESEMBLING FUNGUS HÆMATODES SUCCESSFULLY TREATED.

REPORTED TO THE MEDICAL SOCIETY OF TENNESSEE, BY SAMUEL HENDERSON, M.D.

THE following case of fungus hæmatodes occurred in a lady, Mrs. L., ninety-two or three years of age, of full habit, and tolerable health.

Oct. 14th, 1838. I was called to see the patient, who about one year previously discovered a projection from the centre of the forehead, covered with a hard horny scab, which, when removed, left a small fleshy tumor, of a soft, spongy, elastic feel, moveable, not discolored, and but slightly painful. Gradually enlarging in size, the old lady became very uneasy. At the time I saw her the tumor had grown to the size of a dollar in diameter, and projecting irregularly half an inch above the surrounding integuments with small openings or fissures over its exterior portion, having the appearance of rough contused, or lacerated edges, of a dark red color, yielding to pressure, but soon resuming its former state, and discharging a thin, bloody or ichorous humor, extremely offensive. It had occasionally stinging or darting pains, as she described them. Upon examination, we advised extirpation of the tumor, to which she strongly objected. We then applied mild dressings, and pressure by means of a bandage. Afterwards we used escharotics and caustics, which retarded its growth for a time; but when they were omitted, it spouted out like a mushroom. From the extreme uneasiness of the patient, and her great aversion to extirpation, I determined on trying to destroy the substance by some arsenical preparation, with which view its surface was slightly and frequently touched with Fowler's solution. In a few days the part turned dark, became gangrenous, and sloughed down to the periosteum; and by means of mild dressings, and adhesive plasters, the ulcer healed kindly, leaving no trace of disease, except a small ulcer on the nose of the same nature, and two or three small prominences on the face having the appearance of the former.—*Western Jour. of Med. and Surg.*

LEAD RHEUMATISM OR NEURALGIA.

[THE October No. of the British and Foreign Medical Review contains a notice of a new work by M. Tanquerel on the diseases produced by lead, from which we take the following remarks on one of these diseases.]

The term *arthralgia*, employed by the author to designate this affection, which he defines as signifying "neuralgic pains in the limbs from lead," is an objectionable one, as, from its previous use in medical language, it conveys the meaning of the affection being one of the joints; the sense, however, in which it is employed in the work under notice, is to designate "acute pains in the limbs, unattended by redness or swelling, not following the exact course of the nerves, continuous, but becoming more acute in paroxysms, diminished by pressure, augmented by motion, and accompanied with disturbance of the motive functions,

such as cramps, hardness, and tension of the pained parts.”—(P. 493.) It is, in short, nothing more than the spasms or cramp-pains of the lead colic affecting the muscles of the limbs instead of those of the abdomen, and is most commonly a mere extension of that disease, although occasionally observed separate. It has not been generally recognized as a distinct disease by authors, although we occasionally find it described or alluded to, and not unfrequently, as a rheumatic affection. According to M. Tanquerel, arthralgia is, with the exception of colic, the most frequent result of lead poisoning; he states that he has had occasion to see 755 cases (752 in the table of occupations, see p. 331), of which number 201 were uncomplicated; in the remaining 544 it was associated either with colic, with paralysis, or with cerebral disease. As a general observation it may be stated that the liability of workers in lead to contract this affection is in direct proportion to their liability to suffer from colic; there is, however, one remarkable exception, the reason of which is not very obvious, in the case of the manufacturers of red lead. By reference to the table of occupations which we have before given, it will be noticed that the red-lead works afforded 63 cases of colic, or about one twentieth of the whole number; whereas the number of cases of arthralgia from the same manufactories, was 104, or nearly one seventh. It should be observed, also, that 68 of the 201 uncomplicated cases of arthralgia, that is, one third of the number, occurred in red-lead manufacturers.

The pain, which is the most important symptom, occupies most frequently the lower extremities, then the upper extremities, the loins, the parietes of the chest, the back and the head. Of the 755 cases, in 485 the pain was confined to the lower extremities, in 88 to the upper extremities, in 18 to the loins, in 5 to the chest, in 4 to the back and neck, and in 3 to the head. In 108 it was simultaneously experienced both in the upper and lower extremities, in 35 in the trunk also, and in 9 the head as well as the limbs and body generally was affected.—(P. 503.) The flexor muscles are, according to M. Tanquerel, more frequently the seat of pain than the extensors; the affected muscles in either case being strongly and spasmodically contracted, and their powers of motion greatly impeded; an exacerbation of the pain often occurs during the night, but there is neither preternatural redness, heat, or swelling of the parts, and the circulation is stated to be for the most part undisturbed. Yet we are also told that in 55 of the cases of simple arthralgia, that is, upwards of one fourth of the number of cases of this description, the pulse was found to be hard, slow, vibrating, and in 17 of them irregular.—(P. 510.)

The arthralgia from lead is distinguished from acute rheumatism by the absence of any swelling or redness of the joints, by the pain being relieved rather than increased on pressure, by its sudden and complete intermissions, and by the want of fever and of complication with pericarditis and endocarditis; we cannot, however, coincide in the opinion of the author, that the diagnosis is further established by rheumatism usually attacking one member only or the arm and leg of opposite sides, the arthralgia almost always affecting two parallel members. Neither

are we disposed to think that chronic rheumatism is so essentially erratic, changing from one limb to another, as to enable us to distinguish between this affection and the arthralgia from lead, whose locomotive inclinations are exerted, we are told, only within the ring fence of the limb in which it has taken up its abode. The effects of pressure and the stiffness of the joints in the former of these diseases are much better points whereupon to found a diagnosis. From simple neuralgia the course of the pain, which in arthralgia rarely follows that of the nerves, is sufficient to distinguish it, even in the opinion of M. Tanquerel, who nevertheless elsewhere asserts that these pains as well as those of the abdominal affection are neuralgic in their nature; and from syphilitic pains in the bones it is sufficiently distinguished by these last following the course of the bones, and being usually attended by thickening of the periosteum or the characteristic nodes.

No appreciable change was observed, either in the spinal marrow or in the local seat of pain, in any of the fatal cases in which arthralgia had been present. In the instance before alluded to, as having been the subject of experiment by M. Devergie, the muscles of the calf of the leg were analyzed, and the presence of lead in these parts was detected. With respect to the nature and seat of this affection, M. Tanquerel thinks that the disease is a neuralgia of the filaments of the nerves of sensation, differing only from lead colic in the part which it occupies. The same treatment has been recommended in arthralgia as in the colic from lead, but, according to this author, is not followed by equal success. He advises the employment of sulphureous baths daily for seven or eight days, from five to six ounces of the sulphuret of potash being used in the preparation of each bath. Of 86 individuals thus treated 80 were cured in from four to five days, whereas of 80 persons treated by purgatives and opiates, 58 only were cured in from six to eight days, the remaining 22, having experienced no relief, got rapidly well under the use of the sulphureous baths.—(P. 523.)

MALFORMATIONS OF THE IRIS.

CERTAIN defects of formation are sometimes observable in the iris. The most common is that known by the appellation *coloboma iridis*. In this case the pupil is of a pyriform shape, the base being towards the centre of the iris, and the apex towards its ciliary margin. I have never observed it, except at the inferior portion of the iris; but Mr. Middlemore states that he has seen it in other directions. There is, of course, an actual deficiency of the texture of the iris at the point where this peculiarity is noticed. It is also stated, that in many cases there is a fissure in the choroid and retina corresponding to that of the iris. In a case which I had recently an opportunity of inspecting after death, no deficiency was observable except in the iris itself. This case I saw immediately after the birth of the child; the deficiency of the iris, which affected both eyes, was attended with a similar defect of the upper lip and of the palate; and on the cornea of the eye there was an opacity of about the size of a pin's head, such as is seen to be the result of a

small ulcer or pustule of that texture, affording another instance of diseased action during the uterine period of existence. The child lived but a few hours; and I was enabled to make a preparation of one of the eyes, which shows this peculiarity of the iris very well. In another case, a patient of my colleague, Mr. Windsor, this defect of the iris was complicated with an opacity of the capsule of the lens in each eye, which, however, was very small (*cataracta stellata*), and did not appear to interfere with vision, the pupil contracting and dilating as usual. This malformation is usually seen in both eyes, but I have very lately seen an instance in one eye only.

A singular case, which I will briefly mention, came under my notice some time since, which at first sight appeared to be precisely of the above description; but, on closer inspection, it was manifest that the deficiency, which was exactly in the position, and of the size and figure of coloboma iridis, was confined to the anterior laminæ of the iris, and that the uvea was presented to view, being of a very dark brown color; the pupil, in reality, being perfectly round, of the natural size, and contracting and dilating in a regular manner; the rest of the iris, and the eye generally, presented a natural and healthy appearance. This curious condition, beyond all question, was congenital, as the eye had never suffered from either injury or disease. It was only observed in one eye.

Other deviations from the ordinary form of the pupil are occasionally noticed; thus, in addition to a pyriform or oval shape, sometimes a rectangular, or other more irregular form has been witnessed; and, sometimes, a double pupil has been observed—all congenital.

Not only are there partial deficiencies of the iris, but we likewise occasionally meet with instances of its entire absence; and, in other cases, a small ring of iris around the ciliary margin is alone observable. I have not witnessed more than three instances of total deficiency of the iris. In each, vision was evidently very imperfect, although the children seemed to notice many objects, particularly such as were lustrous. The eyes of such individuals have a dark slate-colored appearance, when viewed through the cornea, and they have that peculiar oscillatory motion observed in children who are born with defective vision, and are likewise much confused by exposure to a moderately powerful light. In some instances the crystalline lens is also more or less opaque, and other morbid accompaniments are occasionally noticed. This condition may be improved by the patient being made to wear a frame fitted to the eyes, with a central aperture for the transmission of a regulated supply of light.—*Walker's Lectures on the Eye.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 13, 1841.

ANTHELMINTICS.

ALTHOUGH a multitude of drugs are classed amongst and prescribed as anthelmintics, it is very generally admitted that but very few of them

really possess any activity, or can be relied upon in practice. The question is proposed—are there any articles belonging to the vegetable kingdom, the growth of the northern States, which act specifically as anthelmintics? If so, those possessed of the information, based upon personal experience, will confer a peculiar favor in making it known through this Journal. One says that the submuriate never fails; another speaks as decidedly of turpentine; and yet cases are constantly occurring in which these, and indeed everything else, commonly used, are wholly inert. If, therefore, any new preparation has been discovered, or any old one found to be truly a specific, it should be made known for the common benefit of all.

Medical Catalogue of Harvard University.—This school is certainly beginning again to be appreciated as it should be. The class is quite large, and embodies the elements of future medical character of no ordinary kind. Nothing is more preposterous in our northern students than coursoing over the whole country in search of medical lectures, when equal or superior advantages are attainable in the metropolis of Massachusetts. The catalogue, which is neatly printed, shows an increased attendance the present season, quite flattering to the Mason-street School, and gratifying to all who take an interest in the success of our own institutions. If we could only be permitted to publish a synopsis of the daily lectures, through the term, it would quadruple the matriculations, it is believed, before many years. The success of the London schools is mainly owing to the published reports of the professors.

List of Physicians in the Boston Almanac.—In Mr. Dickinson's very valuable little annual, which contains some of everything useful to a citizen of Boston, there is a catalogue of the physicians of the city, by no means satisfactory to a majority of the brotherhood, as there are thrown together in it the irregular as well as the regular practitioners, *en masse*. This is entirely unusual, inasmuch as it seems to carry, upon the face of the matter, the idea that the learned and unlearned, general adventurers and quacks in physic, whether accredited as physicians or not by a discriminating public, now swim most harmoniously together. It is now too late to remedy the error this year, so far as the present catalogue is concerned. In extenuation of this glaring fault, it is said that the man employed to traverse the streets to collect the names for the Almanac, without making any discrimination between the reputable, established practitioners, and the scores of steamers, corn-curers, and other odds and ends, put down every name that had a doctor's sign attached to it, and thus made up a list of the Boston faculty of medicine. Residents of the city will not be misled by it; but strangers must think that peculiar harmony exists here among most discordant materials, since all sorts of ignoramuses have apparently been taken into cordial fellowship. Separately from this mistake, the publication referred to is exceedingly useful, and cannot be otherwise than extensively patronized by the very class of gentlemen who feel themselves aggrieved in being chronicled in company with some who are considered arrant knaves and impostors.

Operations for Strabismus.—So frequently are the muscles of the eye now divided, that there is no curiosity excited by a repetition of the details.

This is certainly an unfortunate state of feeling: very careful record should still be made of each operation, and all the circumstances minutely related, and in this way improvements may be made. It is believed that the success in this country, since the operation was first performed, scarcely one year ago, equals that in any part of Europe. In point of expertness, no one pretends to say that the American surgeons are inferior to those of the old world.

Biography of the late Dr. Palmer.—A memoir of the late Dr. Palmer, whose death was announced some months ago, is fully expected from some gentleman with whom he was officially connected. It will be recollected that Dr. Palmer lost his life in consequence of inhaling sulphuric acid, while delivering a lecture on chemistry—a department of science to which he had devoted many studious years. It appears from the prospectus of the Vermont Medical College, that a son of Dr. Palmer has been elected to the chair, once so ably filled by his father.—No one is better qualified to do justice to the memory of Dr. Palmer, in an obituary notice, than Dr. Childs, of Pittsfield.

Memoir of Joseph Parrish, M.D.—Dr. Geo. B. Wood read a well-written paper on the life and character of the late Dr. Parrish, before the Medical Society of Philadelphia, on the 23d of October, which has been kindly sent to the North by Dr. Bond, who will please accept our thanks for the attention.

The subject of the memoir seems to have been distinguished for all those excellent qualities which constitute the highest grade of medical practitioners. He was honest, ambitious, conscientious and indefatigable in the course of duty. He was born on the 2d of Sept., 1779, and died March 18th, 1840. "The almost unprecedented array of his fellow citizens," says Dr. Wood, "who attended his remains to the grave; the general expressions of regret for his loss; and the measures taken by the various bodies to which he belonged, to procure some public commemoration of his worth and services, are evidences of the general esteem and affection, such as seldom fall to the lot of individuals unconnected with public life. Perhaps no one was personally known more extensively in the city, or had connected himself by a greater variety of beneficent services with every ramification of society. It is true that no marble has been erected over his remains, and that the very spot where they are laid will soon be undistinguished to every eye save that of conjugal or of filial love; yet the remembrance which he left behind him, the only monument which the rules of his unostentatious sect allow, is far more precious than the praises of carved stone, which gold may purchase or power command."

Dr. Wood has exhibited the moral traits of that eminent and accurate man in a delightful manner. Well may the profession of Philadelphia mourn over the loss of one who was a friend and a ready counsellor. Dr. Parrish was not extensively known in New England—but when this highly-finished biographical sketch is generally read here, we shall no longer be ignorant of his fame.

Hæmorrhage from Leech-bites.—Many years ago, says a writer in a foreign medical periodical, I was summoned in the utmost hurry to a little

patient affected with croup. A medical gentleman, now no more, had opened the jugular vein, and by no means he could devise could he arrest the flow of blood; he was anxiously waiting for my arrival, with his finger on the orifice. I instantly asked for a needle and thread; and, taking up a sufficient portion of the integument on each side of the incision, stopped the bleeding at once! I should have taken up portions of the conjunctiva on each side of the incision made in the operation for strabismus, in precisely the same manner, on finding that to arrest the flow of blood externally, produced no injurious effects within the orbit.

But the same measure may be more frequently useful, and indeed necessary, in the case of leech-bites. If the usual modes of proceeding do not succeed, I advise the integument on each side of each leech-bite to be taken up by a needle and thread, and a knot to be tied, with just such force as effectually to arrest the hæmorrhage, and not to give too much pain.

Induction of Premature Labor. By WILLIAM SMALL.—A. D., a poor married woman of this town, 32 years of age, and of plethoric habit, came to my house some time in the month of June last, for the purpose of securing my attendance in her approaching confinement. Having come from another part of the country, I, of course, very naturally inquired into her past history. I found she had had six labors and three miscarriages. Her labors had been very severe, owing, as her medical attendant informed her, to the great size of her children. In fact, during her last labor, the child's head was born twenty minutes before the body; whilst such was the exhaustion consequent upon the process, that her life was despaired of. The longest time that any of her children lived was an hour.

Having thus obtained a view of the nature of the case, I thought that this was not an improper one for the induction of premature labor. I propounded my views to my patient, and very readily obtained her consent. About the beginning of the seventh month I waited upon her at her residence. She had for some time been taking, at my request, a dose of castor oil twice a week. I found her very well in health. I proceeded by introducing my hand into the vagina, insinuating my forefinger within the os uteri, and detaching the membranes from as considerable an area as I could reach. Having done this, I desisted, and left the patient to her repose. Hearing nothing of her, I called again on that day week, and repeated my manipulation. I was not prepared instrumentally to rupture the membranes, or I should have done it. In a fortnight after this last interference, labor came on. I was sent for at about 3 o'clock, A. M., on the morning of Aug. 1st, 1840, and found the labor advancing in the most satisfactory way. By the time I had been a quarter of an hour in the house the child was born; the mother recovered without an untoward symptom; both she and her little one have been this day to my house, and are doing remarkably well.—*Lancet*.

Carcinoma of the Clitoris.—At a meeting of the Westminster Medical Society a morbid specimen was placed upon the table, consisting of the external parts of generation, the uterus and appendages, of a lady, about 45 years of age, who had died from what had been considered carcinoma of the clitoris. The disease first came under the observation of the medical attendant in February last. On examination he discovered

that the clitoris was much enlarged, hard, very sensible, and partly blocking up the vagina. Ulceration soon began to exhibit itself at the extremity of the clitoris, which soon became destroyed. The ulceration spread quickly to the nymphæ, and eventually quite to the ossa pubis. The patient sunk from the effect of this disease upon the system. The internal organs were healthy: the uterus and appendages were also free from disease. The treatment latterly had been merely palliative. On one occasion she had employed a strong solution of opium as a local application to the part; this caused retention of urine and constipation for two days.—*Ibid.*

Use of Tobacco.—The following is a vivid description of the miseries which the habit of smoking entails upon the Germans, and which can only be prevented in the United States by turning the current of public opinion against the practice.

"This plague, like the Egyptian plague of frogs, is felt everywhere, and in everything. It poisons the streets, clubs, and the coffee-houses—furniture, clothes, equipage, persons are redolent of the abomination. It makes even the dullness of the newspapers doubly narcotic; every eatable and drinkable, all that can be seen, felt, heard, or understood, is saturated with tobacco—the very air we breathe is but a conveyance for this poison into the lungs; and every man, woman, and child, rapidly acquires the complexion of a boiled chicken. From the hour of their waking, if nine-tenths of their population can be said to awake at all, to the hour of their lying down, the pipe is never out of their mouths. One mighty fumigation reigns, and human nature is smoked dry by tens of thousands of square miles. The German physiologists compute that of twenty deaths between eighteen and thirty-five years, ten originate in the waste of the constitution by smoking."

"The use of tobacco," says a popular writer, "in any form, deranges and sometimes destroys the stomach and nerves, produces weakness, low spirits, dyspepsia, vertigo, and many other complaints. These are often its immediate effects. Its remoter effects are scarcely less dreadful. It dries the mouth and nostrils, and probably the brain; benumbs the senses of smell and taste, impairs the hearing, and ultimately the eye-sight. Germany, a *smoking nation*, is at the same time a *spectacled nation*."

New Mode of treating Vesico-vaginal Fistula.—Dr. Reid exhibited at a meeting of the Westminster Medical Society, an instrument which he had employed with success in cases of vesico-vaginal fistula. The apparatus consists simply of an India-rubber bottle, to the neck of which is attached a stop-cock and a condensing syringe. The bottle is introduced into the vagina in a collapsed state; it is partly filled with air by its own elasticity; its size is afterwards increased to any extent which is necessary by the use of the syringe; by this means the aperture was so entirely filled up, that no urine could possibly escape, provided the bottle was air-tight. By the employment of this means, Dr. Reid had succeeded in curing one case of vesico-vaginal fistula, which had existed for six years; and in another case of some standing, the aperture was so much diminished that a cure would no doubt be effected. The bottle he had frequently, also, employed as a common pessary, and had found it of much service. It required to be removed at night for the purpose of being cleansed.

He had thought for some time that this mode of treating vesico-vaginal fistula had never been employed previous to the time he first commenced its use; but his attention had been lately directed to an article in the 6th volume of the "Medico-Chirurgical Transactions," by Mr. Barnes, of the Exeter Hospital. This gentleman, it appeared, had so long ago as 1815, succeeded in curing a case of the fistula in question, by keeping a common India-rubber bottle, with a piece of sponge sewn on the part which was to come in contact with the fistulous opening, constantly in the vagina. In this case, however, the inconveniences were great and discouraging. Thus it was stated, that whenever the bladder required to be evacuated, the sponge had to be depressed with the finger; and if the catheter were not employed every two hours, the urine dribbled through the opening. With the use of the simple apparatus, which he (Dr. Reid) had that evening exhibited, these inconveniences were all avoided.—*Lancet*.

Instrument for the Operation for Squinting.—By CHARLES BROOKE.—The instrument resembles a small curved director attached to a handle, with a sharp-pointed, curved bistoury blade sliding in the groove. The blade and groove are accurately portions of a circular arc, comprising rather more than one sixth of a circle, the diameter of which is one inch and a quarter. The groove gradually deepens from the point to the handle, so as to conceal the taper-pointed blade, when withdrawn a little; and is continued through the solid part of the handle, to give steadiness to the motion of the blade. I have used this instrument with complete success in more than a dozen cases, without the aid of any accessory instruments for fixing the eye or eyelids; my mode of operating being simply to make a small opening in the conjunctiva with a pair of probe-pointed scissors, through which the director is introduced and passed under the tendon to be divided; the blade being passed forward with the point of the forefinger, completes the operation.—*Ibid*.

Medical Miscellany.—The board of surgeons appointed to inquire into the relative advantages of Pittsburgh and Wheeling, as a site for a marine hospital, for reasons stated at some length, reported in favor of Pittsburgh. —A deaf and dumb man of Louisville, so say all the papers, who had been educated here at the north, fully believing that he might have an operation performed by which he might hear, constructed an instrument himself, and punctured the drum of one ear, and was instantly enabled to hear sounds.—The anomalous disease spoken of last week, as manifesting the most alarming fatality in West Tennessee, is now considered the spotted fever—or, as some call it, *high typhus*.—Dr. Hayward, of Boston, speaks in terms of praise of Dr. Fletcher's truss, as may be seen in an advertisement in this day's Journal. It has been before the public a long while, and seems to be a favorite instrument.

Number of deaths in Boston for the week ending Jan. 9, 33.—Males, 19—females, 14. Stillborn, 2.

Of consumption, 5—croup, 1—measles, 1—fits, 2—typhous fever, 1—infantile, 2—old age, 2—dropsy, 3—inflammation of the lungs, 2—lung fever, 1—cancer, 1—hooping cough, 3—tumor in the stomach, 1—dropsy on the brain, 2—dropsy on the heart, 1—throat distemper, 1—teething 1.

FLETCHER'S TRUSS.

THE following recommendation of this truss has lately been received by the proprietor.

The subscriber having made frequent trials of the truss invented by Dr. Fletcher, has no hesitation in saying that he regards it as superior to most instruments of the kind now in use, with which he is acquainted. Its advantages consist in the size and form of the pad, the ease with which it is moved, and the readiness with which the pressure is increased or diminished. It is moreover in his opinion as well calculated as any other to produce radical cure of Hernia.

Boston, Jan. 7th, 1841.

Jan. 13.—

GEO. HAYWARD.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840. Dec.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sum P.M.	P.M. M.	M. Z.	Sum P.M.	P.M. M.	M. Z.			
1 Tues.	29	25	23	29.53	29.60	29.67	N W	Fair	
2 Wed.	16	31	34	29.75	29.76	29.69	S W	Fair	
3 Thur.	33	42	40	29.63	29.69	29.72	N W	Fair	Beautiful sunset.
4 Frid.	16	23	22	29.95	29.96	29.95	N	Cloudy	
5 Satur.	16	19	17	29.86	29.86	29.86	N	Fair	Halo around the moon. High wind.
6 Sun.	12	13	14	29.80	29.64	29.59	N E	Snow	Great snow storm.
7 Mon.	26	31	32	29.46	29.61	29.65	N W	Fair	
8 Tues.	26	32	32	29.60	29.54	29.50	W	Fair	
9 Wed.	24	42	41	29.42	29.43	29.41	S W	Fair	
10 Thur.	38	45	45	29.27	28.20	29.20	W	Fair	Beautiful sunset.
11 Frid.	31	47	34	29.42	29.52	29.57	N W	Fair	
12 Satur.	20	36	36	29.66	29.63	29.59	S	Cloudy	
13 Sun.	36	48	46	29.10	28.90	28.90	S E	Rain	Dark, foggy day.
14 Mon.	36	48	42	29.08	29.10	29.11	W	Fair	Very pleasant day.
15 Tues.	30	46	42	29.14	29.16	29.15	S	Fair	White frost. Sun set in a cloud.
16 Wed.	40	40	38	29.10	29.13	29.11	N W	Cloudy	Snow storm commenced 10 m. past 3, P.M.
17 Thur.	27	30	28	28.98	29.04	29.07	S W	Fair	High wind—snow squall.
18 Frid.	14	21	14	29.27	29.27	29.27	W	Fair	At 9, P. M. thermometer 8°.
19 Satur.	13	29	26	29.24	29.28	29.28	W	Fair	Squally. Aurora borealis.
20 Sun.	17	24	25	29.36	29.48	29.49	N W	Fair	Snow squall in the night.
21 Mon.	20	22	22	29.36	29.44	29.52	N W	Fair	Snow squalls. Aurora borealis.
22 Tues.	15	32	30	29.35	29.03	29.00	S W	Snow	Fair in the evening.
23 Wed.	14	20	20	29.28	29.38	29.35	N W	Fair	Beautiful sunset.
24 Thur.	25	32	18	29.02	29.18	29.20	W	Fair	
25 Frid.	2	12	14	29.37	29.39	29.39	N W	Fair	
26 Satur.	10	12	15	29.32	29.16	29.08	N E	Snow	Storm commenced at 8, A. M.
27 Sun.	24	21	21	28.90	29.00	29.02	N E	Cloudy	Snow fell 15 inches in 24 hours.
28 Mon.	14	26	25	29.25	29.32	29.32	W	Fair	Beautiful sunset. Aurora borealis.
29 Tues.	17	34	28	29.51	29.56	29.56	S	Fair	Aurora borealis.
30 Wed.	32	33	32	29.60	29.61	29.58	S W	Snowy	Snow storm commenced 15 m. past 1, P.M.
31 Thur.	32	37	37	29.53	29.47	29.47	S W	Cloudy	Foggy. Thaw.

December has afforded much wholesome winter weather. Much snow has fallen, and the present supply (Jan. 1) is abundantly sufficient to make good sleighing, amounting to 12 or 15 inches. Range of barometer, from 29.96 to 28.90; thermometer, from 2 to 48.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	JOHN DELAMATER, M.D.
Obstetrics, by	- - - - -	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEVELAND, Secretary.

Brunswick, October, 1840.

D. 2.—6t

THE AMERICAN MEDICAL ALMANAC FOR 1841

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The subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon, Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

JOSEPH BATES, Lebanon Springs.
CHILDS & LEE, Pittsfield.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, JANUARY 20, 1841.

No. 24.

CASES OF MONOMANIA.

BY JAMES MACDONALD, M.D., ONE OF THE PHYSICIANS TO THE NEW YORK HOSPITAL.

AMONG the great variety of disagreeable duties which the physician is called on to perform, few are more painful or embarrassing than that which requires him to confront in court a patient (perchance an old friend), laboring under monomania, and to declare, under oath, that he is insane, and not only unfit for the enjoyment of personal liberty, but incapable of managing property, accumulated, perhaps, by his own industry and talent. But what is of more importance to society and to the character of the physician concerned, is the difficulty of performing this duty satisfactorily, when the patient is but slightly deranged. How, in the estimation of an inexperienced and unprofessional jury, can a man who talks so well and deports himself so unexceptionably, be insane? What is insanity? is a question that has long puzzled physicians, jurists, and writers on medical jurisprudence. It is a question which has not yet been suitably answered, and in the present state of knowledge does not appear to admit of a satisfactory solution. Considering the complex nature of mind, and the variety of faculties, sentiments and propensities involved in its disorders, and recollecting the hitherto unsatisfactory definitions of diseases purely physical, such as fever and inflammation, this is not singular. It is not intended, however, on the present occasion, to discuss this question, but simply to relate by way of illustration two cases of monomania which were stamped by the same peculiarities, and which finally terminated in the same melancholy manner. Though resembling each other, they occurred in individuals of very different characters—the one was a highly intellectual man; the other a person of very ordinary capacity. Both were brought before the court for examination into the state of their minds—both puzzled judge and jury—both proved insane upon a second trial—both so far recovered that they were discharged from the asylum—both lapsed into melancholy, and both ended life by suicide.

Case I.—S. Y., admitted into Bloomingdale Asylum, August 1st, born in England and resident in New York for ten or twelve years, age 35, single, merchant. Hair dark, eyes light, head large, great anterior and superior development, animal propensities strongly marked. Has been a free liver and has indulged in beer-drinking; for several years past has domesticated with a designing woman, whom he now calls wife. It is six weeks since he gave the most decided evidence of derangement,

and much longer since he began to manifest symptoms of mental aberration.

As at the time of his admission no remarkable deviation from the normal state was observed, either in mind or body, his only treatment was confinement to the house and grounds, the administration of a warm bath, followed by an aperient, and the substitution of bitter infusion for his accustomed drink.

August 9th.—Until this morning his conduct and conversation had been, in the main, correct. He now talks wildly, saying his friend R. has been for a long time trying to kill him by poison and other means, and has sent out persons at night to “upset him.” Skin sallow, tongue loaded, bowels torpid. R. Hydr. submur., pulv. ant., āā gr. v. h. s.—H. pulv. rhei, magnes. calcin., āā ʒj. c. m.

20th. Saw a lady here yesterday, an entire stranger to him, who he insisted was his wife. Says he has two horses that can travel through the woods like wolves; when Mr. R. reports him drunk, he is frequently 500 or 1000 miles off in an Indian wigwam, where he can go in five or six hours. The horse, which he rides by lying flat on his back, kills wolves. Much mental excitement. Yesterday tore in pieces a blanket.

On the 9th inst. began first to destroy things without apparent motive; tore up a hat belonging to another patient, and then commenced with his own. He then became so noisy and offensive to the other patients that it was necessary to send him to the Lodge.

22d. Continues to talk about his horses; says that he has one that can travel over swamps and ditches; nothing but houses can stop him, and if these be not strong, he kicks them down and goes through.

23d. Says Red Jacket is here, and points him out in the person of one of his fellow patients. He now got so much better that he was taken back to the main building.

September 15th. His mental excitement returning, and preceded by disorder of the digestive functions, constipation of the bowels and increased vascular action; ordered active purging and cupping.

19th. Was cupped yesterday and ʒvi. taken from the occiput; but having become violent, noisy, destructive, and offensive to convalescent and quiet patients, has been removed to the Lodge.

20th. Talks wildly and confusedly about the earth having been turned up-side-down by screws; has a plan for “sawing Long Island in two, and another for cutting through the earth at right angles with the horizon.”

25th. Saw his friend R. yesterday, and has been much worse since, having torn in pieces his trowsers. When asked why he did this, replied, that it was for the purpose of making new clothes, which he does by submitting the old ones to friction.

29th. Some of his injudicious friends caused him to be removed to the city by “Habeas corpus.” He behaved so well, and talked so plausibly before the Recorder, as to leave an impression on the minds of many present that he was perfectly sane, and had been persecuted and unjustly confined. He was, notwithstanding, brought back to the Asylum.

October 1st. Walking about the hall and yet tranquil. Mr. R. had an interview with him in the course of the day, for the purpose of furnishing himself with facts to substantiate the opinion which he expected to be called on to give ; but he seemed suspicious, declined answering the most common questions, evidently for fear of implicating himself, and was rather abusive.

2d. S. was again taken before the Recorder, where I was examined respecting his case, and stated all the facts connected with it. His deportment was correct, and he said not a word that could be construed into insanity until his converting old into new clothes was ridiculed ; when he boldly asserted his power to do so, to the utter dismay of his lawyer and pretended friends.

13th. On his return to the Asylum, which was immediately after the investigation, he conducted himself with propriety till within the last few days. Began the work of destruction again last night ; asserts that he is the owner of the Asylum buildings, and that he has discovered perpetual motion.

14th. More wild and confused than ever ; when asked why he had destroyed his bed-clothes, said it was to save lives.

15th. Destructive propensity still active ; perceptive faculty disordered ; calls Mr. F. (one of the patients) his grandmother.

16th. Violent, wets his bed and pulls it to pieces ; appetite voracious. R. Hydr. submur. $\mathfrak{D}i$, ant. tart. gr. ss.

18th. More calm, complains of pain in the left shoulder. Let him have a warm bath ; to be repeated.

19th. So much more rational that he has been brought back to the main building.

28th. Not so well ; unhappy, fault-finding, talks in the old strain about the fleetness of his horses, his fancied exploits among the Indians, and his converting old into new clothes.

November 11th. Has been at the Lodge for some days past ; noisy, discontented, violent, destructive. R. Bal. calid. 100° Fah. q. d. per her. unam.

13th. Excitement subdued, pulse 86 and small, countenance haggard, skin sallow ; ever dissatisfied and complaining. R. Mass. pil., hydr. ext. conii. aa $\mathfrak{D}ij$. m. and div. in pil. No. xvi.—i. m. and v. Baln. omit.

29th. Has been at the main building about a fortnight and more rational than he has ever been since here ; but to-day begins to talk wildly again, eye sallow. H. Hydr. submur. $\mathfrak{D}i$.

30th. Again destructive and talking incoherently about the Indians, &c.

December 2d and 3d. Raving, violent, destructive. Ap. C. C. occip.

4th. Though the blood flowed freely, still wild and incoherent ; says he is on Bosworth field.

17th. Somewhat better.

23d. Entertains ideas of greatness, says he has all along been at the head of affairs in England ; combative and destructive propensities both active. Rep. baln. calid.

February 2d. The baths proving useless, have been discontinued; destructive of clothes yet. Setaceum in nucha; continue vegetable diet.

March 8th. The seton produces a most copious discharge; and although it has been in only a month, he has been quite rational for a fortnight, has been brought back to the main building; had an interview with his brother last week for the first time, and is no worse in consequence; bowels costive, pil. aloes c. ij., pil. coloc. c. i. h. s.

26th. Continued to improve until this date, when he was discharged *recovered*.

After leaving the institution, he embarked immediately for England, continued sane during the voyage, and until he reached a large town in the interior, not many miles from his native place, when he retired to a room in a hotel and committed suicide. When S. Y. recovered from derangement, he learned that the mercantile house of which he was a member had failed. Mortification at returning home reduced to poverty, broken down in health, and shattered in mind, together with the dread of meeting his father, may be supposed to have hurried him to this last fatal act.

[Case II. will be given next week.]

CASE OF GUN-SHOT WOUND OF THE HAND, FORE-ARM, AND ARM, WITH FRACTURE OF THE HUMERUS, SUCCESSFULLY TREATED.

BY R. W. LINDSAY, M.D., OF ALEXANDRIA, D. C.

L——— E———, ætat. 10, was wounded April 11th, 1840, by the accidental discharge of a fowling-piece, whilst holding it by the muzzle and drawing it towards him. The load entered the upper and thick part of the palm of the hand, slightly grazing the wrist for about an inch, then tearing up the muscles in the most shocking manner, half way up the fore-arm, exposing the tendons to view; it entered the arm anteriorly a few lines above the bend of the elbow, fracturing the os humeri about an inch and a half above the joint, then passing upwards, about half way up the arm, it made a slight opening posteriorly, but without any portion of the load apparently having made its exit.

On the first view, this case presented a very formidable appearance, and considering the situation of the wound in the arm, it appeared almost impossible that the brachial artery could have escaped very serious injury; but on examining the pulse, it was found to beat with the same force and regularity as in the sound arm, which showed that if the artery was injured at all, it was not so seriously as to endanger sloughing and hæmorrhage.

Professor Gibson says, that in some cases, large arteries are pushed entirely to one side, without sustaining injury. On examining the course of the artery at the time, and since the wound healed, this must have taken place to some extent in the case under consideration.

On introducing the finger between the ends of the divided bones, there appeared to be simply a transverse fracture; no loose pieces of bone could be felt. The arm was now swelled to double the natural size, the pulse

110 in the minute, but regular, and, though reaction had completely taken place, there was nothing in the action of the pulse or the general system that indicated venesection.

In consultation, five physicians being present, the following considerations were discussed. In the first place, mortification might take place in a day or two, and deprive the patient of the chance of amputation; the brachial artery might be so injured as to slough, and the patient run the risk of dying from hæmorrhage; the capsular ligament of the joint might be torn up, consequently greater danger to be apprehended from inflammation; tetanus might supervene, and in taking into view the extent of the injury, and the part wounded, this seemed a not unlikely occurrence. On the contrary, the patient was young and healthy, and no constitutional symptoms had occurred to induce the belief that any important bloodvessels or nerves had been seriously injured.

A majority were in favor of immediate amputation, but as there was a want of unanimity, it was determined to wait until a surgeon from Georgetown should arrive. When this occurred a more thorough examination took place, extension and counter-extension was made, which enabled us to examine the case more satisfactorily, and I now became fully convinced of the correctness of the opinion I had given in the first instance.

The patient passed a tolerable night, sleeping composedly for half an hour or an hour at a time, and in this way sleeping two thirds of the night: though when awake he seemed to suffer much from pain. The pulse continued at about 110, and regular, but did not at any time indicate the necessity of venesection.

In the morning a physician from Washington city arrived, and another consultation took place, which resulted in a determination to make an effort to save the arm.

Our attention was now turned to the dressing best adapted to the wounds, and to the general treatment. The patient had been placed in the recumbent position, the arm extended and laid on a pillow, and by this time the limb had become so painful, that the slightest motion created the most excruciating pain. Cold water dressings had been used, giving very marked relief. Pledgets of lint were applied, and kept constantly wet with cold water; and I would here observe that the effects of the cold water dressings were most remarkable. At frequent intervals the patient suffered severe pain, particularly when roused from slumber, and in no instance did the cold water fail to give more or less relief, and it had a most remarkable effect in tranquillizing and composing him.

In Florida, during the campaign of 1836, I had an opportunity of treating a great many cases of gun-shot wounds with the cold-water dressings, but in no case were its beneficial effects more remarkable than in the one under consideration, and I cannot too earnestly recommend this mode of treatment in the first stage of all gun-shot wounds.

Aperient medicines were administered, and the antiphlogistic system was strictly attended to, throughout the whole treatment.

The water dressings were continued three days; we then substituted

emollient poultices in their place, the sloughing was considerable, and on the fifth or sixth day the wounds became fœtid; to correct this, we used the charcoal and carrot poultice, which in a few days had the desired effect.

The wounds were now suppurating, and in every respect in an improved condition, and were now dressed with cerate. The pulse during this time ranged from 100 to 115, but when the suppurative process was completely established there was an evident improvement, the pulse becoming less frequent, and the general system much improved, and everything progressing favorably, even beyond our anticipations. At this stage of the case it became necessary to use tonics, and a more nutritious diet. We likewise used the syrup of sarsaparilla, and from its beneficial effects on the general system, it had a happy tendency to facilitate the healing process.

After the suppurative process was established, shot from time to time were discharged, together with the wadding of the gun. The load, however, had taken different directions, and at some distance from the posterior openings, an evident fluctuation was felt; on opening it, matter was very freely discharged, and with a small scoop a number of shot were extracted.

The limb was now placed in a curved splint made of tin, extending the whole length of the arm and fore-arm; this gave better support to the limb, and enabled us to move and dress it with greater facility and ease to the patient.

At the end of three weeks the free discharge from the wounds was much abated. On measuring the arm it was found to be at least an inch shorter than the sound one; extension and counter-extension were necessary, which was effected by the use of the curved splint, it being first well lined with surgeon's lint, and then applied with a Scultetus's bandage. The bandages were applied the whole length of the arm and fore-arm, and answered the object most effectually; as we anticipated, the bones commenced uniting, and in about four weeks reunion was established.

It was now important to turn our attention to the elbow-joint, there being danger that ankylosis might take place. To prevent this, a curved splint with a hinge at the elbow was used, which was first lined, and then applied with the common roller; to the upper part of the splint were attached two pieces of wire, the lower ends of the wires ending in hooks, which were hooked in holes in the lower portion of the splint, these holes being placed at intervals of an inch, and we were thus enabled by degrees to flex the arm. At this time the arm can be used freely and without any difficulty, from the extended position, to something more than a right angle. The muscular action of the arm is fast recovering, and will no doubt soon be restored. The arm is now of the natural size, with the exception of the fractured portion, which is enlarged from the ossific matter thrown out in the reunion of the bones. A gradual absorption is going on, and at this time camphor liniment is used to excite the action of the absorbents to remove any extraneous matter that may exist about the joint, and which prevents its full motion. This, in

time, there is little doubt will be effected, but as such a process must necessarily be slow, it may be some months before the arm is fully restored, in every respect.

On no subject have the opinions of surgeons been more contradictory, than as to the propriety or impropriety of amputation, generally for the want of a full and fair investigation. For instance, military surgeons have been accused of amputating very unnecessarily; but when we reflect that after an engagement, the wounded are hurried from place to place, and deprived, as they must be, of the requisite attention, their wounds not dressed for days together; that great pain and inflammation must necessarily follow, which may endanger or even sacrifice the patient—under these circumstances, with a full view of the case before him, the prudent and experienced surgeon amputates on the field of action. But in domestic life, where every convenience and comfort can at once be afforded the patient, the case is very different. I hold it improper to amputate here, except where the prospect of saving the limb is most unfavorable; and in forming a decision in all cases, particularly those occurring in civil society, the peculiarities of constitution, the age, habits, &c., of the patient, should always be carefully taken into consideration.—*Amer. Jour. of Med. Sciences.*

THE MORAL AND PHYSICAL TRAINING OF SURGEONS.

EXTRACTS FROM PROF. F. H. HAMILTON'S INTRODUCTORY AT THE GENEVA (N. Y.)
MEDICAL COLLEGE.

You, gentlemen, are to become surgeon-physicians, and wherever in these States, or on this Continent, you may locate, you must cut as well as cure; while with one hand you pour out the healing oil, with the other you must firmly grasp the unflinching knife. Never think, I beseech you, that in this country you can escape the responsibilities of a surgeon. It is this miserable error, more than all else, which exposes us daily to legal prosecution, and our profession to disgrace. Students, awed by the formidable details of anatomy, or by the hazard and fearfulness of operations, and believing that they can readily excuse themselves from this branch without harm to their reputation or their profits, purposely neglect, during their pupilage, such studies and training as will alone render them competent: and never discover their stupid mistake until, removed from the means of instruction, an unexpected and imperitive demand upon their surgical skill exposes them to shame and lasting dishonor.

If, gentlemen, any of you are to-day conscious that you possess either mental or physical inability to overcome these difficulties; if you have not perseverance or talent to penetrate and thread the windings of anatomy; if you have not, and believe you can never attain, such complete mastery over your nervous cords, that you can wind them till the keenest cry of suffering shall not cause a thread to vibrate, you should never have registered here—idlers and tremblers can gain no honorable distinction in these ranks. You may pursue our science for

purposes of amusement or contemplation, but never dare, I charge you, enter thus naked and unarmed the arena of practice. * * * *

Improve by temperance in living and vigorous action, your original constitution ; consult the laws of life and health, and at whatever sacrifice, obey them to the strictest letter. I do not stand here in judgment against all the comforts of life, or luxuries of the board : pleasure and the palate are not always at war with health. I cannot live without food, nor would I wish to live upon water and bread alone. It is not temperance to torture the poor body, by starvation and denial, into that state of passive acquiescence in which it learns to submit to all things alike, and seems neither to feel pain, or experience pleasure. Live only as your careful observation teaches you is most conducive to health and permanent comfort ; accustom your frame to cold and fatigue, and bluff old Boreas to the face, till his rough winds can chafe you no more. And when you have well exercised, feed well ; not to repletion as you would fill a stalled ox, but as you would grain a favorite horse, generously, but with measure. These are rules of regimen which every man may adopt, and such alone we think as are consonant with reason or fact. But against some of the accounted luxuries of life I must make war ; especially the vile narcotics. Tobacco I have used, not habitually, but occasionally, and am prepared to speak. If you would live long, free from dyspepsia and its long train of sickly attendants—if you would carry a hand steady as the index upon a dial, hate that foul weed. It palsies the mind, unnerves the arm, and unfits for all intellectual or corporeal action. I would not trust the man who habitually uses tobacco to perform an operation of hazard for me, though he were a Mott, or a Gibson, or the very Apollo of surgery himself.

Tea and coffee give me less offence ; but the surgeon who indulges liberally in either, will level his weapon and arm his needle but at a risk. Against the stimulating drinks, such as wine, brandy, &c., it may seem supererogation to warn you. You all know their pernicious tendency ; and fashion no longer renders their use necessary. I speak guardedly, that the custom is so far obsolete, that to drink is not now, as formerly, strictly *necessary* to a proper maintenance of character and reputation. But opportunities and temptations are not wanting even in this day, and you, gentlemen, will be peculiarly open to the remaining power and influence of this expiring vice. Chilled by long exposure to cold and drenching storms ; exhausted by frequent and tedious journeys over roads rough and unbroken ; by intense and painful anxieties ; from endurance of hunger and watchfulness, by day and by night, you may often be easily persuaded to resort to artificial stimulus as a timely minister. The generous and well-meaning hospitality of patients, will also seldom fail to urge its necessity by industrious and plausible reasoning. But against such temptations I cannot forbear to warn you. How soon the appetite, occasionally indulged, grows into a fiery and ungovernable thirst, your early destruction may tell.

The drunken surgeon is the licensed assassin ! his unsteady hand plunges the fatal instrument, where the arrows of death had failed to reach. I am not ignorant that even intemperance has proved the pass-

port to reputation ; and that some men are considered most competent to practise when their brain is most inflamed, and not to be trusted when sober—when the spirit of wine is in, their courage is up and their tongues loosed ; they talk freely of blood and carnage, of operations and adventures in surgery, far surpassing the feats of the redoubtable Sangrado : arms, legs, and headless trunks, float in their distempered imaginations, and their companions—nay, intelligent citizens, listen to their delirious ravings as to the sound and credible testimony of sober reason. These men are your worst enemies and most formidable rivals ; they are street-declaimers and pot-house brawlers, and the fame of their valor will speed like smoke before the wind. If, gentlemen, you choose such distinction, it is attainable ; but you require no parchment or chartered seal from these halls. Your diploma will be drawn by the clerk of the ale-house, and your red seal will be stamped upon your face.

Temperance and health, which stand in the intimate relation of cause and effect, being thoroughly attained, little else remains to be done towards the completion of the physical accomplishments. With a clear head and sound body, firmness and composure are easily acquired. Courage is not that inherent gift, or natural endowment which some modern self-styled metaphysicians would teach—granted by partial Providence to all unlike ; but it is the constant result of proper training. The soldier is but a woman, when lately enlisted, and trembles like an aspen leaf at the first report of the sentinel's gun ; but the old veteran, trained to arms, loves the sports of war ; he delights to hear the clang of steel, and to snuff the smoke from the cannon's mouth. The hardy mariner, long inured to the dangers of the sea, laughs at the untimely prayers of the affrighted voyagers, and slides carelessly among the ropes, while the vessel, unmindful of the helm, writhes and plunges like a strong animal in its agony.

Habituate yourselves, therefore, to scenes of suffering, and never shun the chamber of sickness or death—or shrink from your duty as an assistant at the operating table. Such scenes are the surgeon's school of discipline and drill, where he serves under other leaders, and prepares himself to direct the assault with courage and confidence when his commission is received. It is false also that the cultivation of composure in the “wards,” the “theatre,” or the “dead-room,” is calculated to blunt or destroy all the finer sensibilities of nature, and render us callous and indifferent to fellow suffering. It obtunds only the grosser animal or nervous feelings ; and while it enables us more coolly to observe, and rationally sympathize with the afflicted, it refines and exalts the moral and intellectual emotions. * * * * *

I here then repudiate the thousand times reiterated slander, that the practice of our profession robs us of man's most noble and distinguishing trait—the ability to participate in the joys or sorrows, the pains or pleasures of our fellow beings ; and throw back the calumny upon those shrinking, faint-hearted, far-off sympathizers who sent it. They see the vessel stranded upon their shores, and hear the signal of distress above the surf, but close their eyes and muffle their ears, and when the storm is past and the vessel gone down, they look piteously forth to see

if the winds or the rocks, less cruel than they, have rescued any of the unhappy crew. * * * * *

We do not claim exemption from the common frailties of our race, and deny, with hypocritical cant, that we ask the comforts, or have any pleasure in the luxuries of life. Nay, we freely declare that, to a reasonable extent, we are determined to enjoy them. Yet who among us that has made these the chief object of his aim and summit of his ambition, has acquired medical distinction? Point me, among all the physicians or surgeons of the civilized world, a Girard, a John Jacob Astor, or a Rothschild.

We have heard the cry of exorbitant fees! and extortion, again and again sent out against this profession; and as often have we searched through our ranks for the evidence. We have looked for the purse-proud, over-grown, medical aristocrat, rioting in his illy-gotten wealth; for the palace gorgeously furnished; the chariots and horses; the retinue, with costly livery—but ever have looked in vain. The well-digger and the hod-carrier are lifted into affluence, and die like Dives; but the physician lives his life of toil, and lies down at last with a heavy heart, for he knows that to his beloved family he leaves no inheritance but poverty. Yet we ask no alms or sympathy from those who daily rob and oppress the widow and the orphan, and hoard in iron chests their golden treasures, while in their narrow souls they grudge us a stinted support. When their rotten carcasses dung the earth, all their gold will be given to those they never loved. * * * * *

Of the occasional incompetency, and more constant jealousy of rival surgeons, and the indiscreet expression of private opinion, we have spoken as operating largely in the encouragement of legal prosecutions; but another abundant source is found in the prevalent opinion that we are bound, in most or all cases, and under all circumstances, to restore parts to their original state of health and exact proportion. If an arm or a leg is shattered and torn till it hangs like a tattered sail, it must be joined and knit together in all its original strength and perfect symmetry; and that, whether the constitution is healthy or depraved, and whether the patient is submissive, or unquiet and ungovernable. Thus every fault of nature and of will, is ascribed to defect of art. But, gentlemen, surgery has not attained, and never will attain, that perfection in which it can restore man, maimed and mutilated, to the same state of integrity and proportion in which he was first formed. Art and science can do much, and the reparative powers, the *vis medicatrix nature*, can do more; but neither can give to the enamelled eye the power of vision, or to the silver-wrought palate the sense of taste; nor can they engraft upon the dismembered body, arms or legs, endowed with all the powers of circulation, sensation and locomotion.

We do not make or renew—we only advertise to *mend* such of the wheels of life as time has worn or accident broken; and if the shaft is old, and the bands all loose, our trade is not accountable if it breaks again the first time the sluice is opened, and the mill is set in motion. Yet this is one of the inconsistencies of men; forgetting their own agency and blame, to consider those the real authors of their misfortune, who

honestly and skilfully endeavor, but fail, to give them complete or partial relief. Had the man who lost his leg been buried in the same grave with the amputated limb, whether through lack of skill or not, would never have concerned the world; but to live to stub his way over the rough paths of life on wooden stilts, exposed to the jibes and gaze of the silly multitude, is insupportable: and since the surgeon is not liable, because he saved his life, he must be arraigned because he saved not his limb also.

EXTRAORDINARY CASE OF DROPSY IN A FEMALE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of ascites may perhaps be deemed worthy of preservation among medical records.

In 1829 I was called to visit Mrs. B., the wife of a respectable farmer in the vicinity of this city. She was a woman of small stature, aged 29 years; had never borne children, though regular in the catamenial secretion. Her general health for several months previously had not been good, though she was able to attend to her domestic duties. On examination, I found decided evidence of dropsical effusion in the cavity of the abdomen. By the application of various means, from none of which I derived more benefit than from the long used and excellent old-fashioned remedy of cremor tartar and jalap, she was to some extent relieved from her difficulty, and the disease at least was kept from advancing until the year 1838, when all medicines failed of producing any relief, and in consultation with my friend Dr. Mauran the operation of paracentesis abdominis was determined to be necessary. It was accordingly performed, and repeated subsequently at the periods stated below. Drs. Mauran, Chapin and Rivers at different times saw the patient with me, and kindly assisted me in the operation.

1838	8th month	20th	1st operation—removed	45 lbs.	of fluid.
"	10th	" 3d	2d	" 52	"
"	11th	" 5th	3d	" 54	"
1839	3d	" 20th	4th	" 60	"
"	4th	" 27th	5th	" 62	"
"	5th	" 15th	6th	" 63	"
"	6th	" 4th	7th	" 62	"
"	6th	" 24th	8th	" 69	"
"	7th	" 9th	9th	" 67	"
"	7th	" 23d	10th	" 65	"
"	8th	" 6th	11th	" 70	"
"	8th	" 19th	12th	" 66	"
"	9th	" 3d	13th	" 69	"
"	9th	" 19th	14th	" 66	"
"	10th	" 2d	15th	" 72	"
"	10th	" 17th	16th	" 65	"
"	11th	" 4th	17th	" 60	"

1840	2d month	22d	18th operation—removed	66 lbs. of fluid.
"	3d "	10th	19th "	" 58 "
"	4th "	23d	20th "	" 57 "
"	6th "	26th	21st "	" 48 "
"	7th "	24th	22d "	" 50 "
"	10th "	14th	23d "	" 57 "
"	11th "	5th	24th "	" 50 "

Total - - - - - 1453 pounds.

After the first operation we discovered that there were several tumors in the abdomen, which appeared to be some of the glands of the mesentery enlarged. These continued progressively to increase, and finally occupied much space, consequently lessening the capacity of the cavity to contain fluid. She was a person of remarkable courage and fortitude, and after being tapped would often, on the subsequent day, move about house and attend to her domestic affairs—and generally (as she lived out of town) during the last year I only saw her when she sent for me to operate; and she felt some ambition to demonstrate her power of endurance by protracting the intervals as long as possible, though this was contrary to my advice. It will be observed that at one time the operation was not repeated for more than three months, and during this period she informed me that the secretion from the kidneys was copious and the perspiration excessive.

She finally sunk under her disease, and died the 26th of 11th month, 1840, aged 40. No opportunity was obtained for a post-mortem examination.

SAMUEL BOYD TOBEY.

Providence, R. I., 1st mo. 8th, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 20, 1841.

MEDICAL STATISTICS.

DR. McRUER, of Bangor, whose name is familiar to medical readers, is engaged in compiling a work on *medical statistics*. In order to give copious and accurate information, he must necessarily look to physicians and municipal officers for assistance. Those who will forward bills of mortality from 1830 to 1840, carefully copied from the public records of the town, village or city from whence they are sent, directed to the *Postmaster of Bangor, Me.*, will confer an obligation that will not go unrequited.

In these solicited tabular bills, the following order is to be observed, as being essential to facilitating the purpose of Dr. McRuer. Thus: in one column state the population; next, amount of mortality, ages, &c.; then systematize the causes of death in this manner. Deaths resulting from disease of the stomach, liver, intestines, kidneys, bladder, heart, bloodvessels, lungs, trachea and larynx, brain, spinal marrow; from tubercular consumption, typhous fever, delirium tremens, accidents.

Every practitioner throughout the United States, and certainly in New England, should lend a helping-hand in this undertaking, which we doubt not will be highly creditable to the science of the north; but whatever is done, must be speedily attended to, or the object of this request, in behalf of a gentleman whom we all respect, will be defeated.

Library of Practical Medicine.—With a punctuality that is deserving of praise, the volumes of this very excellent series are issued about as fast as they can be read. Messrs. Lea & Blanchard proposed five volumes, containing about five hundred and sixty pages each—which, as before mentioned, are edited by Dr. Tweedie. The third number is a noble book in size, executed with the same care exhibited in the preceding volumes, and free from typographical errors. Dr. Gerhard has prefixed notes and made additions, and shapen the whole to the state of practice in the United States. Mr. Ticknor, who has these volumes on sale, says that they are appreciated, the sales being very satisfactory. On the receipt of \$5, any two of the volumes are sent to order. The contents of this, embraces diseases of the organs of respiration—laryngitis, croup, acute catarrh, bronchitis, bronchial congestion, spasmodic asthma, whooping cough, pleurisy, pneumothorax, pneumonia, &c. Drs. Williams and Joy are the prominent writers of the various dissertations, which are creditable both to their intelligence and minute knowledge of a science to which the whole force of their gifted minds has been directed.

American Journal of Medical Sciences.—After waiting a week or two for the first No. of the new series of this Journal, commencing January 1st, it has been received. As usual, it is filled with an admirable selection of medico-literary matter, which shows the indefatigable industry and tact of the editor in the management of a journal of science. The heaviest article, and the least valuable, is the ninth, *On the Causes and Treatment of Pseudarthrosis—and especially that form of it sometimes called Supernumerary Joint*, by Edward Hartshorn, M.D. Under the head of American Intelligence, it would be gratifying to have a greater amount of purely American reports, since the country is sufficiently extensive to furnish abundant materials. We always liked this Journal, and it will give us unfeigned pleasure to hear of its prosperity and the thrift of those engaged in its publication.

Fluid Magnesia.—This preparation is new in this country, and it has a prospect of becoming as celebrated here as it is in England. Messrs. A. S. & W. G. Lewis, druggists, No. 25 S. Market street, Boston, have made an importation, and would be gratified, doubtless, to have physicians give it a fair trial. Were it not for the fact that nearly all the foreign journals of medicine speak in terms of commendation of the fluid magnesia, we should not have taken so much pains to notice it. The invention originated with Sir James Murry. One of the unfortunate circumstances attending the publicity of new remedies, is, that too many diseases are supposed to be overcome by their all-powerful effects on the system. There seems to be less quackery, however, in the published notices of the fluid magnesia, than in almost any new medicine now in use.

Mortality of Boston for thirty Years.—Population in 1810, 33,250; 1820, 43,298; 1830, 61,351; 1840, 93,452. Deaths in 1811, 742; 1812, 677; 1813, 786; 1814, 727; 1815, 854; 1816, 904; 1817, 907; 1818, 971; 1819, 1070; 1820, 1103; 1821, 1420; 1822, 1203; 1823, 1154; 1824, 1297; 1825, 1450; 1826, 1254; 1827, 1022; 1828, 1233; 1829, 1221; 1830, 1125; 1831, 1424; 1832, 1761; 1833, 1475; 1834, 1554; 1835, 1914; 1836, 1770; 1837, 1813; 1838, 1920; 1839, 1863; 1840, 1972.

Some of the prominent causes of death the past year are the following:—Consumption, 240; infantile diseases, 116; smallpox, 115; lung fever, 107; typhus, 69; old age, 64; intemperance, 35; stillborn, 131. Unknown, 86. The deaths during the last year, as will be seen above, were 1 in 47·2·5.

Mortality in 1840.—In Shelburne, Ms., whole number, 14; of whom 7 were over 70 years of age; 9 over 50; and 3 under 2 years.—In Nantucket, 214, including 18 who died abroad. Under 10 years of age, 119; between 10 and 45, 44; over 45 and under 70, 31; above 70, 20. This record shows an uncommon mortality among infants—greater, it is said, than has been known for many years before in Nantucket.—In the first ecclesiastical Society of Stamford, Ct., according to the report of C. Ayers, M.D., the number of deaths was 44. The population being about 3000, the deaths were 1 in 68. Between the ages of 90 and 100, 1; 80 and 90, 4; 70 and 80, 6; 60 and 70, 6; 50 and 60, 5; 40 and 50, 1; 30 and 40, 3; 20 and 30, 4; 10 and 20, 1; under 10, 13. Eight died of consumption, and 7 of pneumonia. From the same source we learn that the deaths in Darien, Ct., the last year, were 30; population, 1100. If there is no mistake in this return, the mortality has been greater in this town than in Boston.

Power of liberated Gases in the Human Body.—A woman, whose weight was about 230 pounds, died in this city not long since, of a dropsy of the heart. The body was placed in an ordinary coffin, the lid of which was screwed down in the usual manner, and afterwards deposited in a tomb. On the following morning the body had so swollen that all the screws were forced perpendicularly out, and the cover actually thrown off on one side.

Account of Wm. Henry, M.D., of Manchester, Eng.—In early youth he had a severe internal injury on his right side from a fall: he never wholly recovered. He was almost always valetudinarian. To the fall he used to attribute the general delicacy of his frame, his irritability and excitableness. The pain from the hurt returned at intervals through life; in the last year, after four or five years of comparative ease, he suffered much from it. He occasionally said the pain in his side was excruciating: it recently prevented him from sleep, and he had peculiar difficulty of digestion. The last few weeks of his life he labored under considerable depression of spirits and great irritability, increased by his daughter's severe illness. Sept. 1st, 1836, after he had retired to rest, his wife read to him Clarke's Travels in Russia, till 11 o'clock at night, on which he made acute, pertinent remarks. He said he felt pretty easy, and hoped he should sleep. It is probable that he again had recourse to the Travels. Sept. 2, A. M., he discharged a pistol (which he used to keep in his bed-

room) into his mouth, and died instantly, æt. 61. A female servant had noticed, the day before, that he seemed much bewildered, to have lost his recollection: four days before, he said he was very unwell, and had not slept for some time but three or four hours in a week. His son, Dr. Charles H., had observed that he was very restless the day before, and asked the same question repeatedly; walked backwards and forwards in a perturbed manner, and seemed much distressed.

Perpetuity of Homœopathy.—A man of wealth residing at Königsburg, who recently died, left 125,000 francs to be placed at interest, to accumulate for 250 years, and then to be employed in the foundation of an homœopathic institution. He named a physician for the proposed foundation, whose salary is fixed at 2000 thalers, to commence at once.

Medical Miscellany.—Dr. T. J. Crossman, of Philadelphia, in a communication to the Ledger of Dec. 19th, says that he had then performed the operation for strabismus sixteen times.—The appeal of Madame Lafarge, from the judgment of the Court at Tulle, in the poison case, in France, in which M. Orfila has figured conspicuously, has been rejected by the court.—Dr. Locke, of the Ohio Medical College, is gaining distinction with the scientific on account of his recent experiments on electricity, from the generation of steam in boilers.—The Boston Society of Natural History now hold their meetings on the first and third Wednesdays of each month, at 8 o'clock in the evening.—Dr. Ellsworth, of Hartford, Conn., has successfully performed the operation for strabismus.—Dr. Fansher, the vaccinator, has addressed the British government in order to enlist its influence for a general and simultaneous vaccination for exterminating the smallpox. The Duke of Bedford, president of the Royal Jennerian Society, has written to Dr. Fansher, in answer to a communication on that philanthropic subject.—Readers are referred to interesting extracts from Dr. Hamilton's introductory discourse, in this day's Journal.—In Ohio, according to the late census, there are 1243 insane and idiotic persons. Of these, 400 are at the public charge. Instead of keeping many of these unfortunate beings locked up in jails, to be neglected and perhaps cruelly treated by unfeeling jailors, the State should build an asylum on a liberal scale, as other States have done.—Jenny Kennison, of Brookfield, N. H., died lately at the great age of 110 years.—The engravings of Dr. Chase's cases of deformed feet treated by mechanical means, have been received for insertion in this Journal, and the cases will be copied, by request, from the American Journal of Medical Sciences.

MARRIED,—In Boston, John Clough, M.D., of Woburn, Ms., to Miss Ellen D. Champney, of Boston; Lucius Cook, M.D., of Wendell, to Miss Fidelia Hayward, of Boston.—At Woodstock, Vt., J. R. Morse, M.D., of Chelsea, to Miss L. M. Taft; Samuel W. Thayer, M.D., of Northfield, to Miss Sarah L. Pratt.—At Halesville, N. Y., Dr. Madison Mills, U. S. A., to Miss M. Haysel.

DIED,—At Merrimac, N. H., Dr. Abel Goodrich, 79.

Number of deaths in Boston for the week ending Jan. 16, 27.—Males, 16—females, 11. Stillborn, 3. Of consumption, 5—lung fever, 2—fits, 2—dropsy, 2—dropsy on the brain, 2—infantile, 1—typhous fever, 2—cancer, 1—child-bed, 1—delirium tremens, 1—inflammation of the lungs, 2—intemperance, 1—croup, 1—gout, 1—old age, 1—burn, 1.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	HENRY H. CHILDS, M.D.
Anatomy and Physiology, by	- - - - -	ROBERT WATTS, JR., M.D.
Medical Jurisprudence, by	- - - - -	HON. JACOB COLLAMER, A.M.
Principles and Practice of Surgery, by	- - - - -	LYMAN BARTLETT, M.D.
Chemistry and Natural History, by	- - - - -	ALONZO CLARKE, M.D.
Materia Medica and Pharmacy, by	- - - - -	B. R. PALMER, M.D.

Fees—for the course, \$50. For those who have already attended *two full courses* of lectures at a regular institution, \$10. Graduation fee, \$18.
Woodstock, Vt., Jan. 1st, 1841. Jan. 6.—St. *Secretary.*

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	-	DR. PERRY.
Midwifery, Materia Medica and Demonstrations on }	-	DR. BOWDITCH.
Morbid Anatomy at the Hospitals, by }	-	
Anatomy, Surgery and Medical Jurisprudence, by	- - -	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 412 Washington st.,

DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—eoptf.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, JANUARY 27, 1841.

No. 25.

CASES OF DEFORMED FEET.

Report of Cases of Deformed Feet, treated by mechanical means alone, with a description of the Apparatus employed. By HEBER CHASE, M.D., of Philadelphia.

IN deformities of the feet, whether there exist an inversion or eversion, the same principles will apply to their treatment. In these cases, whether the foot has advanced to the first, second or third degree of *varus*, as described by authors, the first step towards a restoration consists in bringing the distorted foot into the same axis with the leg. This we have accomplished by means of an instrument represented in Fig I. It consists of two parts, a brass splint (*a*), and a steel plate (*b*), connected by means of a malleable iron neck (*f*), which can be bent, by considerable force, but will not yield to the power necessary to act upon the foot. The utility of this arrangement will be readily understood by the operator, because, in order to act to the greatest mechanical advantage upon the foot, the plate is required to be placed at different angles with the splint in different stages of the progress of restoration. The steel plate should be one inch in width for an adult, two lines in thickness, and extend to a distance equal to the interval between the ankle-joint and the ends of the toes.

In cases of inversion of the foot, the brass splint is applied to the outside of the leg. It should embrace one-third of the circumference of the limb, and should extend from just below the knee to the upper part of the external malleolus. It is secured to the limb by the straps (*d d*).

By means of this apparatus, the foot is brought outwards towards the steel plate as far as possible, without occasioning much pain, and is then confined by the strap (*e*), which is thrown around the foot and passed through the fenestræ (*c c*).

In the progress of the restoration of the foot, the strap surrounding it requires to be drawn more firmly from time to time, as will be mentioned in the report of cases.

In *eversion* of the foot, the brass splint is to be adjusted to the *inner side of the leg*, when the same principles will apply as in *inversion*.

The use of this instrument must be continued until the foot is brought

FIG. I.

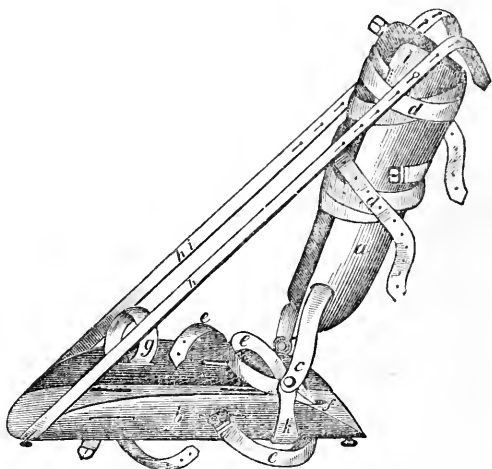


into the same axis with the leg, and until the disposition to a return of the deformity has ceased.

The second indication to be fulfilled is to effect the proper flexion of the foot. This we have accomplished by means of the instrument represented in Fig. II.

It consists of a plate of brass (*a*) moulded to fit accurately to the back and sides of the leg, and extending from immediately below the knee to just above the malleolus. A second piece (*b*) formed to act as a sandal or shoe, equal in length, and a little wider than the foot. These are attached by a hinge (*ck*) so as to admit of flexion and extension. The leg is secured in the brass splint, by straps (*d d*). The foot is secured to the shoe by a strap (*e*) which is thrown around the instep, then passes through a fenestra behind the heel, and the extremities being reverted, are returned over the instep, where they are secured by a buckle. There is also a strap (*g*) intended to pass around the foot near the toes, in order to draw it outward, when flexion is being made. The fenestræ at the right and left of *b*, are for the passage of straps, when the instrument is employed in cases of eversion of the foot. *h h* are two straps for approximating the extremities of the instrument. *l*, a knob for securing the straps.

FIG. II.



By examining the instrument itself, it will be seen that the appendage marked *k*, does not clasp the shoe firmly, but stands out from it to the distance of half an inch on each side. This appendage passes beneath the shoe, and is attached by its centre, at a spot just anterior to the fenestra (*f*), by a universal joint with a limited motion. By means of this arrangement, when it becomes desirable to produce some degree of abduction of the foot in cases of inversion, this object may be accomplished by drawing the strap *h i*, more firmly than its fellow.

The leg is to be placed in the brass splint *a*, the foot in the shoe *b*, the leg is secured by the straps *d d*, the heel kept down by the strap *e*, and if desirable, the loop of the strap *g*, thrown around the foot in cases of varus, to produce partial abduction.

During the progress of restoration, the straps *h i*, and *h*, are to be drawn, from day to day, more tense, as the foot yields to the action of the instrument.

In deformities of the feet varying from those above mentioned, the instrument employed will be described in connection with the cases.

CASE I. *Congenital Calcanean Club-foot of the left side. Restoration of the foot to a natural position by mechanical means, in twenty days.*—On the thirteenth of July, 1840, J. B. H., Esq., of this city, requested me to see his little son, a healthy, robust child four weeks old, and whom I found to have a deformity of the left foot (calcanean club-foot of the worst variety). The deformity is congenital—no cause can be assigned for it. Mrs. H. is the mother of several children, all of whom are perfect in their limbs, nor can there be traced a deformity either in the paternal or maternal branches of the family, both of which are numerous.

FIG. III.



FIG. IV.



The dorsum of the foot was drawn upward, in such a manner as to rest firmly upon the lower part of the front of the leg, whilst an obliquity caused the small toe to rest on a line with the inner side of the leg. See Fig. III.

From the tender age of the child, it was not to be expected that much rigidity of the misplaced parts could have taken place as yet; therefore, the foot could be brought nearly to its true position, by moderate force applied to it by the hand, whilst the leg and ankle were supported; but returned immediately to its distorted position when these efforts ceased.

There was some want of development in the foot and leg generally, when compared with its fellow; and at the lower part of the leg, where the dorsum of the foot rested upon it, the subcutaneous fat and cellular tissue were to a considerable degree wanting, and the leg, when the foot was elevated, presented a perfect cast of the dorsum of the foot.

For the relief of this deformity, I applied to the outer side of the leg, for the purpose of bringing the foot not only downward, but inward, an instrument extending from the knee to the bottom of the foot, similar to

that represented in Fig. I., with the plate *c* bent at a right angle with the splint at *f*, and secured by the straps *b b*. The foot was then brought down to half the distance required for restoration, and secured by a roller passing round it and through the fenestræ.

For a few days I saw this patient daily, afterwards less frequently. At each visit I adjusted the instrument when necessary, bringing the foot nearer to the required degree of extension and eversion until the second of August, when it was brought to the correct position as seen in Fig. IV., and remained so when the instrument was removed.

Aug. 15th. The patient has apparently suffered very little from the dressings. Not even an abrasion of the skin has followed the use of the instrument, and the child enjoys all the proper motions of the foot with perfect freedom.

Oct. 16th, 1840. This little patient has been able, for several days past, to stand even upon his feet.

CASE II. *Congenital Inversion of the Right Foot, of the worst variety—(varus of the third degree)—treated with complicated machinery for several months, with little or no effect. Restored in thirty-one days by a simple apparatus.*—Early in the autumn of 1839, my attention was called to Samuel M'Kee Chambers, ætat. 2 years, who had a complete inversion of the right foot. He was walking upon the outer edge of the foot, which had formed for itself a perfect cushion, upon which it rested—the sole turning backward whilst the toes pointed directly towards the opposite ankle. See Fig. V. In addition to this inversion of the foot, there was a defect in the knee-joint, permitting the leg to revolve upon the thigh, to the extent of one-fourth of a circle, and by the application of some force, the toes could be made to point directly backward. This seemed to be owing to a change in the cartilages of the joint, and the relaxation of the capsular and other ligaments. The leg itself was somewhat smaller than its fellow, but the thigh appeared of its natural dimensions.

As soon as an apparatus could be prepared, I adjusted it to the foot of the child, and kept it in constant use, until May, 1840, when finding that very little progress had been made towards a permanent restoration of the foot, and that the patient was very unwilling to wear the machine, it was laid aside. The leg, however, had commenced increasing in size—the knee had acquired some strength, and the limb was brought partially to its true position.

July 1st, 1840. Having now succeeded in the restoration of other cases of deformed feet requiring more difficult treatment, I again returned to my patient.

On the 3d of July, I applied an instrument similar to the first of those described in the introduction to this paper (Fig. I.), and by the 10th the foot was brought on a line with the leg. On the 12th the apparatus for flexion (Fig. II.) was adjusted, which brought the foot to the position as seen in Fig. VI., in thirty-one days from the application of the first instrument.

Until the 15th of July, the foot was daily brought nearer to the desired position. Very little pain was experienced, no soreness was oc-

caused by the pressure, and the patient, who is one of the most robust, obstinate, and restless of children, ran at large in the streets at will, during the whole treatment. An ordinary shoe was applied on the 12th of August.

FIG. V.

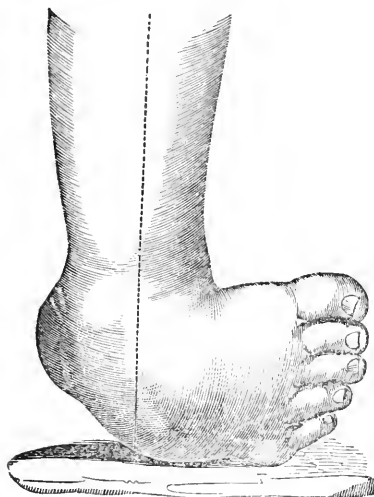


FIG. VI.



This is the only instance of any deformity known to have occurred in this family, either in the paternal or maternal branches, and no cause can be assigned for it by the parents.

Neither the tendons nor the fascia plantaris offer any resistance to the permanency of the foot as restored, nor do the tarsal or metatarsal bones exhibit that rigidity which so often limits motion, until a late period after the foot is brought to its natural shape.

The foot, in walking, assumes its proper position, and the patient does not limp or hesitate at all in his movements. The arch of the instep is not defective, and all the varied motions, even including abduction, are performed as perfectly as upon the opposite side.

Oct. 18th, 1840. Two weeks ago I called to ascertain the situation of my patient's foot, and found him in the street, bare-footed, and was told he had been without his shoes for three weeks. No relapse from the original restoration had followed, and on the 15th inst. I exhibited this case to my class in a lecture on deformities.

[To be concluded next week.]

DR. MACDONALD'S CASES OF MONOMANIA.

[Concluded from page 380.]

CASE II.—A. B. was admitted into the Bloomingdale Asylum on the 17th November. He was about 50 years of age, short in stature, and disposed to obesity. His head large and strikingly beautiful, his complexion fair, and his temperament sanguineo-melancholic. Until the

last year of his life, which has been spent in retirement in the country, he had been actively engaged in mercantile pursuits, and had been at the head of one of the first houses in the city. Always remarkable for chivalrous notions of honor, generosity of disposition, brilliancy of imagination, intense activity of mind, and facility in gaining knowledge upon every variety of subject. He did not fail in the main pursuit of his profession, and withdrew from business with an ample fortune.

Two or more members of his family had been insane; and for several years previous to his leaving the city, he had been subject to occasional paroxysms of monomania, marked by great exhilaration of spirits, inordinate activity of mind, ardent and profuse exercise of benevolence towards strangers, religious and charitable institutions; accompanied by suspicion and alienation of feeling from his real friends and relatives. These paroxysms were always followed by a corresponding degree of depression, during which his intellectual faculties preserved their integrity, and his affections centred in the right place. It may be said that the last eight years of his life had been passed in one of two extremes—the most abject despondency, or the most delightful exhilaration. During this latter state, under a misguided philanthropy which excited in his mind the wildest schemes for doing good, without counting the cost or calculating the probable success of the means employed, he performed some of the strangest acts of benevolence that can be conceived. The relation of a single instance will suffice. As was his wont during the reign of the exuberance of animal spirits, he was gaily walking or rather dancing through the streets at midnight, singing the fragment of some old sentimental song, when he encountered a solitary female to whom he addressed his ditty, and with whom he soon made himself acquainted. Bent on doing good, he drew from her the story of her seduction, and determined to reclaim her. He conducted her home, volunteered to pay her board provided she would entirely discontinue the practice of her craft, obliged her to reveal the state of her health, employed a physician to cure her of syphilis, wrote to her mother in the country that the work of reformation was begun, and that she would soon have her lost child restored—and took upon himself the office of father confessor and spiritual adviser. Now A. B., though when under the influence of mental excitement profaned a little, drank a good deal, and committed many extravagances, was always more or less guided by religious impressions, and was at heart really a pious man. To be sure, he had his own peculiar way of showing this: thus he was regular at his private devotions; but instead of repeating, he sang his prayers, and accompanied them by salutations and various other inappropriate movements. In talking he had a way of saying, “a d——d fine fellow,” or “a d——d good joke.” When reprovved and told that this language was inconsistent with the character he had assumed, he defended himself by saying that he was a man of ardent temperament, and that the objectionable expression coming from him was no more than *very* from the mouth of a man of ordinary temperament.

The physician whom he employed to attend the poor girl, related some highly interesting scenes that passed between the patient and A.

B. Imagine "a madman gay," under the delusion of being entitled to a throne, in the full vigor of manhood, and apparently with all his passions strongly developed, and committing all sorts of extravagances, about to set himself to work, with feelings entirely platonic, to reform a girl of the town. Imagine him gaily dressed, dancing into a house, assembling the frail sisterhood, lecturing them on their vices, making them all bend their knees while he prayed most devoutly, and then rising, take his leave after kissing, or in his own language, giving his protégée "a chaste salute." Imagine all this, and we have but an imperfect idea of the whimsical benevolence of this unfortunate gentleman, and of what actually occurred on the occasion alluded to.

About a fortnight previously to being sent to the Asylum, he arrived in the city evidently in a state of mental excitement. The election, meeting with old friends, drinking, which he indulged in only when insane, increased that excitement. He went to Baltimore on business, and there launched into the sea of politics, deciding, as he supposed, the fate of the election. Upon returning to New York, he committed so many overt acts of insanity that it was deemed necessary to place him under immediate restraint. And now begins that part of his case which is most interesting—which involves the question of his sanity. He had been formerly for a few months a lunatic at law, and justly suspected his friends would again institute proceedings against him.

Madman as he was, he displayed a degree of diplomatic tact that would do no discredit to the school of Metternich. On discovering the intentions of his friends, instead of making an open show of resistance, he formally proposed a compromise. As he had lost confidence in his natural friends, all direct intercourse must cease; but as business matters required some sort of intercourse, he said if they would allow him to choose a third person to go between them, and to visit him two or three times a week, he would submit. His friends consented, and he chose his visiter, not for the ostensible object as a medium of intercourse, but that he might have an interested individual to testify to his sanity in opposition to the officers of an institution, naturally inclined in its favor, whenever his case should come on for trial. He selected a physician of high standing, and possessed of more than ordinary knowledge of medical jurisprudence, with the understanding that he was to be regularly paid for each visit.

Though when first admitted he was in a high state of mental excitement, as soon as the officers left him in custody of the Asylum he became calm, and broached to me, with his usual finesse, the matter of having engaged another physician. He expressed the utmost confidence in my skill, immediately sought my professional advice, said he would follow all my prescriptions, and added that he had employed Dr. C. D. as a sort of spy on his treacherous friends. Venesection, and the absence of late exciting causes, were soon followed by a tranquil state of mind; and on the 19th he talked quite rationally. The liberty of the grounds was now granted him on certain conditions; but he over-stepped the limits so repeatedly, that it was necessary to confine him to the house again on the 1st of December. This act of justice enraged him, and so

much the more, that his insanity had increased. On the previous evening he spoke of having "attained the 30th degree in masonry (but one remove from divinity)"; but immediately fearing he had committed himself, turned round and said to me, "this is not official, and you must not make use of it." He soon got excited, and went on talking about masonry, heraldry and religion. On Sunday he was allowed to go to the village to church, where he left his prayer-book as a pretext for returning and getting more stimulus, which he was prone to indulge in only when under mental excitement.

Talked to-day of "complaining to Old Hickory against all the lunatic asylums in the country."

Dec. 3d. R. Infus. sen. comp., to be followed occasionally by Seidlitz powders and warm baths. Diet light. It may be mentioned that his medical treatment was inactive and irregular; because, under the belief that he was sane, he could be persuaded to use only certain kinds of remedies, and those but occasionally.

6th. Exceedingly anxious to visit the city; mind yet much disordered. In a conversation with me to-day, said that if we lived twenty years we should see Napoleon on the earth again; that there will be a resurrection of him as well as of Alexander, Washington, and all good and great men, but not of such rascals as Cæsar, Ben Franklin, Tom Jefferson, &c.

Now being prevented from going to town, he became excessively enraged, and vented his anger at me in various ways; but finding it answered no purpose, he retracted all he had said. After a period of seclusion, his mind becoming more composed, and his anxiety to return home continuing, it was proposed that he should remain here a week longer, with the privilege of going out when he pleased, but with the promise that he was always to be at the asylum at meal-time. At the expiration of this period, if he continued as well as he was at the commencement, he was to go home.

23d. This being the day fixed for A. B.'s departure, it was deemed advisable that he should go.

30th. Brought back by an officer in a wretched plight, his clothes torn and dirty; he went immediately to bed, where I found him singing, under great mental excitement, but happy. Said he, with great self-complacency, "do you know whom you have been treating so long? I am St. George, Sir, and have received many communications from on high since I left here. In a few days I expect a deputation from the Free Masons of the whole country, or even of the world, to request me to place myself at their head. I have received the blessing of the Catholic Bishop, and have sent on to Rome certain credentials for an important event that is approaching." Among other things, he revealed to me, with great gravity, that "the devil is white."

Considerable physical excitement.

Treatment.—Seclusion, low diet, warm baths and laxatives.

January 1st.—Still great mental disorder. Seems to live entirely on the productions of his imagination; has prints which he fancies emblematical of extraordinary things; has his trunk filled with artificial birds

and holiday gifts for children. During his week's absence from the Asylum, he passed through as many adventures as would happen to an ordinary man in the whole course of his life. He went to Philadelphia, introduced himself to Mr. and Miss Kemble, in the dress of an Englishman of the old school; his head powdered and his legs habited in shorts. He made Miss K. an offering of a complimentary poem, the production of his own pen. He proposed himself to the manager of the theatre as a debutant, gave various recitations and songs; frequented the public places, perambulated the streets at night, hunting out all the strange corners that would yield him merriment; got into difficulties with watchmen; but finding himself growing mad, determined to cut short his career, and to place himself in the Insane department of the Philadelphia Hospital. He accordingly presented himself at the porter's lodge, early in the morning, and demanded admission. This being refused, he knocked the porter down, and proceeded towards the quarters for the insane. But the porter rallied, and by the aid of an assistant expelled the intrusive patient, who soon found out the lodging of one of the visiting physicians, and procured admission in the legitimate way.

4th. Still under considerable excitement, and various delusions. On Sunday, his sense of religious obligation will not allow him to pass the day without its due observance. If confined to the house, he gets such patients together as he can persuade to become listeners, and goes through the services of the church with great fervor; but wo to the man who disturbs the solemnity of the occasion; neither time nor circumstance saves him from his anathemas.

8th. Mind considerably sobered; says he begins to think he has been extravagant, but if listened to, soon runs into his usual vagaries about masonry, &c. His only treatment at present, warm baths.

15th. Continued to convalesce, or rather it may be said to keep his mind under control, until yesterday, when he went to the city to defend himself against a writ "de lunatico inquirendo." Before the hour for trial he went around town, called on a Jewish Rabbi recently arrived from Jerusalem, got excited, indulged in strong drink, and his case not coming on, returned to the Asylum quite frantic.

16th. Excitement in a great degree subsided; attempted to explain his conduct of the 14th inst., and quotes Hippocrates to prove the propriety of getting drunk once in a while.

22d. He remained quiet till yesterday, when he again went to town to defend himself, and now it will be recollected that though he had exercised a wonderful degree of control over his feelings and the action of his mind, no radical change had taken place in his disease, and that he still entertained the most absurd delusions. He bore the excitement of the city much better than he did last week. The trial came on, the evidence was all positive and uncontradictory; even the testimony of the physician employed by himself went directly against him, and so confident was the counsel employed by his friends, that the case was submitted to the jury without a remark.

At this stage of the proceedings, A. B. requested that he might be left alone with the jury, to make some explanations which he deemed

necessary. The request was readily granted, on condition that I also should remain.

His personal liberty and the voluntary use of his property were at stake, and his mind seemed to rise with the occasion. Naturally eloquent and ready, he got up and addressed the jury with great effect. He began by acknowledging that he had unfortunately been the subject of mental infirmity, from which, by proper care, he had recovered, as must be obvious to all present; he avoided dwelling on the peculiarities of his derangement, for he well knew that in an unguarded instant he might commit himself; he alluded to the good sense and justice of the jury; spoke directly of the learning and high character of the Commissioners constituting the Court before whom he was standing, and aimed a delicate compliment at the medical member of the commission, for his professional skill and metaphysical acumen. He then gave a concise, clear, and correct statement of his pecuniary affairs, which corresponded precisely with that already placed before the jury, and submitted his case to them with entire reliance on their judgment and sense of justice. He returned to the Asylum with me that night in high spirits, well pleased with his address, and the obvious impression he had made on the court and jury, and quite sanguine that he would be released. In speaking of the compliment addressed to the medical member of the commission (who belonged to the Society of Friends), he said: "I feared that man more than either of the rest, he looked so thoughtful and sagacious," and added, "didn't I tickle the Quaker?" Excepting A. B., we were all surprised next day to learn, that the jury had decided he was a sane man.

February 4th. Is yet at the Asylum, continues tranquil, and conducts himself with much propriety.

6th. Discharged this day by an arrangement between his own and the opposing counsel.

8th. Brought back by officers, not in an excited but in a depressed state; owning his madness and regretting the follies committed under its influence, with extreme bitterness of spirit. It seems that as soon as he got into the city he lost all self-control, and actually ran wild.

9th. At the instance of his own counsel, was taken this day before a sheriff's jury by an order from the Chancellor. He made no defence, was found a lunatic, and submitted with good grace.

13th. Mind in a very tranquil state; says he has never been so rational since he has been here as he is at present, and there is a good reason for this. As long as he hoped to defeat his friends and retain the control of his property, his mind was in a constant state of anxiety and ferment; but as soon as this prospect was removed, his wandering thoughts were called home, and he began to reflect seriously about himself. This strong moral influence, aided by seclusion, light diet, warm baths, and laxatives, soon restored him to a comparatively rational state of mind.

20th. Continues to improve; goes to the city to spend a few days.

21th. Returns to the Asylum in a composed and pretty correct state of mind.

26th. Discharged much improved.

Though very much improved, he was not considered quite sane, because, from being unduly excited, he had sunk into the opposite extreme. It is true he judged correctly of the relation of things, and was, perhaps, entirely capable of transacting business, but the depressed state of his feelings gave a sombre hue to everything brought before him. In this state he returned home, and continued in that frame of mind which for several months usually succeeds a paroxysm of excitement. His despondency now increased, and in an unexpected moment he destroyed himself.

Both these cases show,

1st, That where there is a strong motive for exertion, what an extraordinary degree of self-control the insane, even when under the most powerful delusions, can exert over themselves.

2d. That in judging of the sanity or insanity of an individual, we should not take a single, isolated view of him as he may happen to be at the moment of inquiry, but the whole of his case in connection.

3d. That a physician who is to be called to testify in a case of insanity, should not only provide himself with an opinion, but also with the facts upon which that opinion is founded.

These cases, viewed as a whole by persons at all accustomed to the operations of the mind in a state of disease, would not for a moment admit of doubt. They are marked by what jurists consider conclusive, and what they have hitherto deemed indispensable to constitute lunacy—distinct delusions. But there is a form of mental derangement long recognized by writers on medical jurisprudence in France and Germany, and more recently by some of the English authors, and variously denominated mania without delirium, impulsive insanity, and moral insanity, in which, without the existence of hallucination, mental disorder manifests itself by the conduct rather than by the conversation. It is under the influence of this malady that persons hitherto of unexceptionable character, wantonly destroy property, fire houses and commit murder.—*N. Y. Jour. of Med. and Surg.*

OPERATION FOR STRABISMUS.

[Communicated for the Boston Medical and Surgical Journal.]

O. S. B., 23 years of age, has had the right eye turned inward from birth. The obliquity is so great that a portion of the cornea is concealed at the inner canthus. His occupation is the making of scythes, and while working both eyes are never used at the same time. When the left eye becomes fatigued, the patient has the peculiar power, and has acquired the habit of changing them, so that the right eye becomes useful and the left is relieved.

Operation.—The conjunctiva being raised by a pair of small forceps, a semicircular incision was made about four and a half lines from the cornea. After separating the muscle from the cellular substance in which it was enveloped, it was raised upon a blunt hook and divided with scissors. The effect of the division of the muscle was instantaneous, the

eye becoming at once perfectly straight. Patient says that it felt as if it flew into its place. Vision is already very much improved, and B. is perfectly conscious that he uses both eyes in looking at objects. The power which he formerly possessed of using the eyes alternately is entirely lost.

SAMUEL SALISBURY, JR.

Avon, N. Y., Jan., 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 27, 1841.

DR. HUSTON'S LECTURE.

THE gentleman who delivered this discourse is in the chair of Obstetrics and the Diseases of Women and Children at the Jefferson Medical College, Philadelphia. At the opening of the term, in November last, he gave an introductory, as the custom is in the American schools of medicine, which had the good fortune to be received with eclat by the class, and to that circumstance we are indebted for an acceptable pamphlet. The historical observations upon the antiquity of the obstetric art, together with a comment upon the writings of Hippocrates, Celsus, Rufus, &c., must have been particularly interesting to the audience for whom they were designed. One of the good things manifested in Dr. Huston's Lecture must not go unnoticed, because it is so rare a virtue in these times, viz., a willingness to let his hearers know what his own opinions are. Professional men are prodigiously afraid of each other, of late, and if there is anything of which they stand in absolute fear, it is of committing themselves by expressing an individual opinion, unshackled with provisos. He lashes the author of "Observations on the Impropriety of Men being employed in the business of Midwifery," supposed to be Sir A. Carlisle, most adroitly.

"The recent attempt of an individual to cast odium upon this custom, by animadverting on what he is pleased to term '*the scandalous practice of employing men in the business of midwifery*,' has had no other effect than to secure for him the contempt of all who deem him worthy of so much notice. Substituting idle gossip for facts, and unworthy prejudices for arguments, his contemptible production has met, at the threshold of public opinion, with the merited fate of all anonymous libellers. That the hardy old-fashioned Queen of George III. should have been delivered safely of all her children, without the aid of a male practitioner, and that therefore all the women in Christendom ought to bear children in the same way, may be a very sapient argument with that writer, but it must sound very like nonsense to every one else. In that respect, at least, her majesty's grand-daughter followed not her example; nor is her other grand-daughter, the present queen of Great Britain, likely to be influenced by such arguments, since the Court Journals have already announced that three distinguished practitioners are engaged to attend her approaching confinement. Even in Paris, where females are educated for the business, and which boasts of a Lachapelle and a Boivin, the sagacious mind of Napoleon could discover abler hands and safer councils among

our sex, to which to trust the partner of his throne and the heir of his glory. The mind of that man must be disordered indeed, which can imagine that a lewd thought might be excited during the pains and perils of child-birth!"

From the 18th page to the close of the 19th, there is evidence of the extensive research of the author. The following remarks on the sympathetic derangements incident to pregnancy, savor not only of a charitable disposition, but a profound knowledge of the department in which Dr. Huston is an able teacher.

"The extensive sympathetic derangements incident to pregnancy are sometimes exceedingly severe, and very seriously affect the health and comfort of the female, and that independently of any appreciable change of structure in the suffering organs. These cases, in various degrees of severity, being of daily occurrence, are frequent objects of the physician's care, and therefore constitute proper subjects for our consideration. One class of these, of which the uterus is the undoubted seat, is especially entitled to our most serious attention—I mean the mental influences dependent on the irritations of that organ from gestation. The severer cases, in which reason is entirely subverted, alarm at once the friends of the sufferer, and therefore receive the prompt assistance of our art; but it is the slighter, rather than the graver forms of these affections, that claim our sympathy and regard.

"That man is but partially instructed in the business of his profession, who looks upon the practice of medicine as an art by which certain physical agents are brought to act upon the purely physical aberrations of the human frame, and is neglectful of those physico-moral influences that modify, and occasionally disorder the functions of every vital organ, and the not less remarkable reaction of organic disease upon the mental energy and moral responsibility of the individual.

"Of the many causes of uneasiness and family disquiet which tend to embitter the current of domestic life, the most difficult of comprehension to common observers, as well as of correction, are those irregularities of temper and behavior that result from the derangements of the uterine function.

"To yield to all the follies of a morbid appetite—all the requisitions of an habitual self-indulgence—would be a silly and very culpable weakness on the part of those on whom devolves the duty of administering advice and exercising control; but unquestionably much unhappiness in domestic life occasionally originates from the incapacity of those immediately interested to appreciate rightly the physico-moral failings of the suffering female. The irritability of temper, the unreasonable demands, the vitiated appetite, and various troublesome affections very commonly observed during gestation, and occasionally during temporary derangements of the menstrual function, are but rarely viewed by the young and inexperienced as the evidences of disease. Too frequently, on the contrary, they are looked upon as mere indulgences of self-will, and a vicious disposition. The present, however, is not the time for enlarging further upon this interesting subject."

Medical Witnesses.—It so happens that the law periodicals, in this city, have lately held the medical profession up to the world as bad specimens of what witnesses should be before a court of justice. Technically, they are

said to break down on the stand, so that lawyers can always make themselves merry at the expense of a pretty respectable physician, in order to operate, one way or the other, on the jury. The last No. of the Jurist has several pages devoted to this subject, which seem to have been called into being by the testimony given in at the late trial of Mrs. Kinney, though the author does not say so. We do not pretend to deny that medical practitioners may not appear as well before a judicial tribunal as those who have had their manners polished by constant intercourse with gentlemen of the bar—but we do contend that they are as honest in their intentions, and as scrupulous in testifying to what they believe to be fact, as any other class of men. That physicians too frequently commit themselves in giving an uncalled-for opinion, is not to be denied. This is the rock on which they most frequently strike, and they thus destroy the weight which would otherwise have been given to their testimony. If forty physicians were summoned before the Judges of the Supreme Court of Massachusetts, and were asked for a medical opinion upon a point about which it would seem there could possibly be but little if any difference in the answer to be given, one of the legal profession says he has no doubt there would be just *forty opinions*, differing from each other. Hence it is said that courts are never enlightened on dark questions by physicians. Again—the profession is accused by the lawyers of being excessively prosy. When they get up before their honors, they have too much to say—and not unfrequently appear disposed to impress the court favorably with the profundity of their individual attainments in science. Now if these criticisms are just, it is certainly an easy thing to profit by the suggestions thrown out from various directions, and thus obviate the complaints which are urged against medical witnesses.

A New Medical College.—A petition is before the Legislature of Massachusetts for the incorporation of a medical college in the city of Lowell. Dr. Bartlett, formerly mayor of that city, who has many years been connected with a medical institution, is one of the petitioners—and being also a member of the House, there is every reason to believe a charter will be granted. The impression, thus far, is that no difficulty will be in the way. There are already two in the Commonwealth—and should Amherst College ask permission to confer medical degrees, the small number of students will be so subdivided that neither institution can hope to flourish.

Excision of the Maxillary Glands in Horses.—Years ago, the gipsies about Norword (England) used to buy up glandered horses, have the maxillary glands dissected out, an astringent lotion injected up the nose, and thus cure them. It seems that veterinary surgeons are constantly in the habit of performing operations of the boldest and most formidable character on horses, which are hardly regarded as subjects of interest from their frequency, and from which hospital surgeons might learn important lessons in the management of human diseases.

Restiaux's Fluid Magnesia. MR. EDITOR,—I wish to call the attention of the profession to the article of *fluid magnesia*, manufactured in this city by Thomas Restiaux, chemist, 132 Hanover street. It is prepared of

equal nicety, purity and strength, with the English preparation of Sir J. Murry. There is no quackery in offering this article, or in recommending it to the general use of the profession or community. Magnesia, when used for a long period in a concrete form, is liable to effect important injury to the digestive apparatus, and it is in derangements of these organs that it is mostly employed. The fluid preparation obviates all objections that justly lie against the solid form of it—and particularly on account of the nausea which magnesia occasions to almost every one when taken into the mouth in powder, or when suspended in the commonly used fluids of milk, water, &c. Physicians will find in this article the very thing they so generally wish for, an antacid, in the frequent disorders of the stomach to which pregnant women are liable, and the infantile diseases of our summer months. If found equally well made and of equal strength with the English article, the American should be encouraged by the profession.

Boston, Jan. 18, 1841.

A PHYSICIAN.

Medical Miscellany.—Dr. Thomas Harris, who has long, faithfully and gratuitously, says the Medical Intelligencer, afforded his valuable services to the Pennsylvania Hospital, has resigned, and Dr. Edward Peace is appointed in his place.—The antidote to the poison of prussic acid is thought, from some recent experiments, to be cold water. The incident of the sudden restoration of a dog strengthens the opinion. A gentleman in Herefordshire gave his dog 20 drops—but as the animal did not die as quickly as was expected, but rather lingered in torment, he threw him into the pond, to complete the work of death by drowning. In an instant the dog was completely restored.—Lord Francis Egerton has purchased the original drawings of the celebrated Agasiz, in his great work—*Poisons Fossiles*, for £5000, and allows the author to retain them at Neufchatel as long as he requires the use of them.—Andrew Whittier, of Cambridge, Ohio, recently died at the advanced age of 125 years, wanting one month.—We are informed by a letter from the parish of St. Elizabeth, in Lower Canada, that Alexis St. Martin, on whom Dr. Beaumont performed his interesting experiments, is now a resident of that parish. Assistance is kindly promised us in obtaining further information respecting him, and we shall be glad to aid any society or individual who may be desirous of engaging him for further experiments.

TO CORRESPONDENTS.—The communications of Drs. Ellsworth, Atkinson and Bemis, will appear next week.

MARRIED,—In St. Andrews, M. R. Fletcher, M.D., of Boston, to Miss Ann Catherine Allanshaw.

Number of deaths in Boston for the week ending Jan. 23, 18.—Males, 10—females, 8. Stillborn, 1.

Of consumption, 1—old age, 1—infantile, 2—hooping cough, 1—smallpox, 2—disease of the spine, 1—apoplexy, 1—typhous fever, 1—convulsions, 1—sudden, 1—canker, 1—cancer, 1—lung fever, 1—dropsy on the brain, 1—brain fever, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held on Wednesday, February 3d, at 11 o'clock, A. M., at their room, Athenæum building, Pearl Street,
J 27—tm

GEO. W. OTIS, JR., *Rec. Sec'y.*

REMOVAL.

C. A. ZEITZ, Surgical Instrument Maker, has removed from 350 Washington street to Bromfield place, near Bromfield street.
J 27—

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarize them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840.

ep1meop6m

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	JOHN DELAMATER, M.D.
Obstetrics, by	- - - - -	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1840.

D. 2.—6t

P. CLEVELAND, Secretary.

FLETCHER'S TRUSS.

THE following recommendation of this truss has lately been received by the proprietor.

The subscriber having made frequent trials of the truss invented by Dr. Fletcher, has no hesitation in saying that he regards it as superior to most instruments of the kind now in use, with which he is acquainted. Its advantages consist in the size and form of the pad, the ease with which it is moved, and the readiness with which the pressure is increased or diminished. It is moreover in his opinion as well calculated as any other to produce radical cure of Hernia.

GEO. HAYWARD.

Boston, Jan. 7th, 1841.

Jan. 13.—

The subscriber gives notice that being acquainted with the anatomy of hernia, he will attend (agreeably to an arrangement with the proprietor) to the applying of the above highly-recommended truss in the variety of rupture for which it is designed. Persons requiring such assistance can be retired and receive suitable attention free of extra expense.

A liberal discount will be made to wholesale purchasers.

EDWARD FRANCIS,
No. 16 Howard st. near Court st., Boston.

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

SURGICAL INSTRUMENTS,

OF every variety, both English and American, for sale *low*, by

N. 18.—ep3m

BREWERS, STEVENS & CUSHING, Nos. 90 and 92 Washington st.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIII.

WEDNESDAY, FEBRUARY 3, 1841.

No. 26.

DR. CHASE'S CASES OF DEFORMED FEET.

[Concluded from page 397.]

CASE III. *Deformity of the Left Foot, not congenital (Pes Equinus of the third degree, of six years' duration, combined with partial inversion of the front part of the foot), restored in twenty-one days.*

—The subject of this case, J. Arbuckle, ætat. 11 years, was, soon after birth, observed, according to the statement of his parents, to have an unusual stiffness in the ankles, which, however, in his earlier years gave him no material inconvenience. He was remarkably healthy, very active, and walked at the usual age of childhood.

Occasionally, up to his fifth year, he complained of a pain in his hip for a short time. This difficulty never attracted the attention of his parents, particularly, until the foot was observed to turn gradually inward, and the heel to become elevated. Medical aid was then called. Bandages and splints were applied, but the deformity proving very obstinate, they were abandoned.

During the month of April of the present year, I saw the patient for the first time. There was, at this period, a partial inversion of the front part of the foot by rotation at the middle joint of the tarsus, while the distance from the toes to the heel was five and three-fourth inches, the direction of the foot being nearly perpendicular, as seen in Fig. VII.

There was a want of development in the glutei muscles—the thigh, leg and foot were also smaller than those of the opposite side, and the whole foot was remarkably rigid. The tendo-Achillis was very stiff, and the bones of the tarsus were prominent, as is seen in Fig. VII., and in short, the limb had undergone all the usual changes which take place, where it becomes necessary to sustain the weight of the body on the toes for a great length of time.

There was also a relaxation of the ligaments of the knee-joint, and while walking, the knee performed a peculiar rotatory motion outwards, which greatly retarded the patient's progress. These combined motions of the limb, together with the elevation of the foot, rendered it almost impossible for him to walk. He would frequently fall in the street, and after going a short distance, would suffer extreme pain in the foot and leg.

On the 11th of May I applied to the outer side of the leg, the brass splint accurately moulded to the limb and the upper part of the external malleolus, extending from just below the knee to the last-mentioned point.

After the application of this apparatus, the foot was drawn daily more and more toward the desired position, until, at the end of one week, it was brought into a direct line with the leg.

FIG. VII.

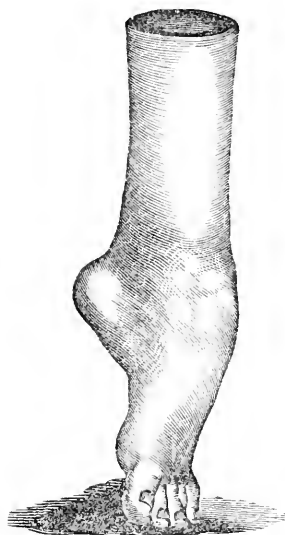


FIG. VIII.



To fulfil the second indication—the flexion of the foot—the instrument represented in Fig. II. was applied. The apparatus was secured to the leg and foot, and bound firmly at the instep by means of the strap (*f*). The point of the sandal and the upper extremity of the splint at the knee, approximated daily by the aid of the two lateral straps connecting those points, until the twenty-first day after the second instrument was applied, when the foot was restored to its proper position.

After the first few days the patient was able to begin to walk, which accelerated the flexion.

The pain produced by these instruments throughout the whole operation was by no means worth regarding. The process of restoration was slow but constant, and the changes brought about so gradual, that not even an unpleasant sensation was experienced beyond an hour, at any one time during the treatment. Not the slightest inconvenience was felt in any of the tendons, not even in the tendo-Achillis during the treatment, but the pain was confined to the outer side of the foot during the abduction, and to the instep during the flexion.

An abrasion of the skin took place and continued for a few days, being caused by frictions which were employed in aid of the treatment, but no such result was produced by the apparatus.

September 23th. There is still considerable rigidity in the instep. The motions of the foot are limited, and in walking the rotatory motion of the knee is apparent. It is expected that support for the knee and continued exercise of the foot, will in time overcome these difficulties.

The condition of the foot, thirty days after the application of the first instrument, is shown in Fig. VIII.

This patient was seen at different stages of the treatment by Prof. George McClellan, Drs. E. W. Leach of Boston, Baldwin of Georgia, and Drs. R. Coates, Brewer and West of this city.

CASE IV. Greatly distorted Foot, from exposure, which commenced in early life, restored in fifty-one days by mechanical means alone.—In the spring of 1840 my attention was called to Julia Dunmore, who was standing upon her crutches and on one foot, resting herself. The patient is now fourteen and a half years old, healthy, and as active as could possibly be expected with the deformity under which she labors. She was a remarkably healthy and unusually active child—walked readily when nine months old—but at the age of a year and a half she entirely lost the use of her limbs from exposure in a damp cellar, was placed under medical treatment, and recovered the motion of her extremities except that of her right foot, so far as to be able to walk in six months, with the aid of one crutch. She retained this power for some time, when it was observed that the hip was enlarging, and the leg growing shorter. A second crutch was then obtained, and the patient began to place the foot to the ground. The ankle, however, was still weak, but she continued to rest upon this as well as on the opposite leg, in walking. The ankle continued giving way, until the foot was brought to the position seen in Fig. IX., and thus she remained when she came under my care.

The whole limb was at that period much emaciated, measuring only five inches in circumference at the ankle, six and a half at the knee, and eight inches at the largest circumference of the thigh. The hip, and in fact the right side of the body, partook of the general emaciation.

She could stand, but she could not walk without her crutches, and she was so feeble in her limbs, that when she fell, she was compelled to crawl upon her knees, until she met with something by which she could raise herself up. The use of the limb produced great fatigue in it.

It would seem almost impossible that a greater deformity, or one more difficult of restoration, could exist, than is here shown. The foot was completely reversed. The patient rested the limb on the instep, which had been so long accustomed to pressure, that an enormous cushion (see Fig. IX., *a*) had been formed to protect the foot from the ill-directed pressure.

In the treatment of this case, the same principles were to be applied as in the foregoing. The foot was first to be brought to the same axis with the leg, after which flexion was to be made.

Accordingly, on Saturday, the 22d of May, 1840, I applied the brass splint to the outer side of the leg, as described in the preceding case. By the aid of the strap around the foot, I drew it daily nearer the line with the leg, until the tenth day, when it was made to assume the position seen in Fig. X.

On Monday, June 15th, I commenced flexion, and succeeded, at the end of fifty-one days, in bringing the foot to the position seen in Fig. XI.

The entire restitution of the natural position of this foot, was accom-

plished perhaps with less difficulty than would be presumed by observing it in its distorted state. This was owing to the relaxation of the ligaments, and the ease with which the bones moved upon each other.

FIG. IX.

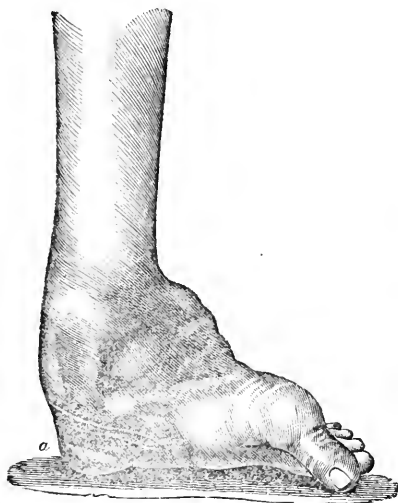


FIG. X.

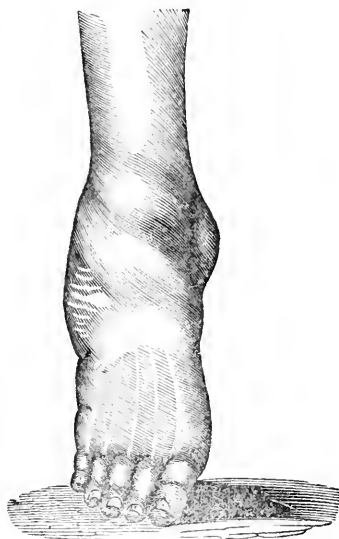


FIG. XI.

In the restoration of the foot, the pain experienced was comparatively little. In both rotation and flexion of the foot, this sensation was principally confined to the osseous structure.

With some effort this patient could bring her heel to the floor on the 10th of July, and on the 13th she began walking for the first time, and on the 30th the foot exhibited the appearance seen in Fig XI.

That part of the foot on which it rested during the greatest degree of deformity, is now seen at *a*.

By reference to this figure it will be observed that the leg is thrown slightly backward upon the foot, in consequence of a loss of proper action in the tarsus. This action the patient will again recover.

This patient has been seen by Drs. R. Coates, West and Brewer; Drs. E. W. Leach of Boston, and Baldwin of Georgia.

NOTE.—*October 17th, 1840.* This patient has gained the use of her



foot at the instep, and the leg is thrown forward to the proper position. She can walk several squares without much fatigue, and the general appearance of the foot is much improved from that seen in Fig. XI. She was examined by my class on the 15th inst.

CASE V. Everted Deformed Foot; deformity commenced at two years of age, from paralysis; restored in ninety days by mechanical means.—During the month of February, 1840, Professors George and Samuel McClellan referred to my care Mr. J. B., aged 25 years, who was laboring under an everted deformed foot, as seen in Fig. XII., the history of which, as given by the gentleman himself and his parents, is as follows:

He was a healthy, fat child, and walked readily at nine months old. At two years of age he was suddenly seized with paralysis of the lower extremities, and spasm of the muscles of the back of the neck; his head was drawn far backward, and remained immovable for several weeks. He could not walk or sit without support, and both legs became entirely useless. This state of things was followed by several months of severe illness, when the left limb gradually recovered. At three and a half years of age he could climb up by a chair. At eight years old he could walk a short distance by the aid of two crutches, and continued in this situation for eight or ten years. He then walked four or five years with a crutch and a cane, and afterwards with a cane only.

Neither of his ankles had entirely recovered from paralysis when he began to bear his weight upon his feet; and as his general health improved, enabling him to take more exercise, his ankles, particularly the right one, gradually gave way, and assumed the appearance represented in the figure referred to.

The internal malleolus was very prominent, the bones of the instep rigid, the foot attenuated, and the leg and thigh much smaller than those of the opposite side. The left foot was also slightly everted. He had no control over his toes. In walking, the foot was thrown outward, resting upon the inner edge, and the internal malleolus came nearly to the ground. He suffered much pain in the ankle and leg in walking.

By considerable effort the foot could be brought inward nearly on a line with the leg, and in order to retain it permanently, a firm gaiter-boot was fitted to the foot and ankle. Two plates of steel were provided, three quarters of an inch wide, two lines in thickness, and attached at their upper extremities by means of a semicircular plate, designed to pass behind the leg near the knee. These were long enough to extend from the knee along each side of the leg to the bottom of the boot, beneath which they were bent and united by their extremities. Attached to the inner plate at the internal malleolus was a circular piece of steel plate three inches in diameter, about two lines in thickness at the circumference, and one-fourth of an inch at the centre. The whole being suitably padded was applied to the foot, and confined by straps passing round the leg.

This boot and its appendages were worn for ninety days, when the foot assumed the position seen in Fig. XIII.

FIG. XII.

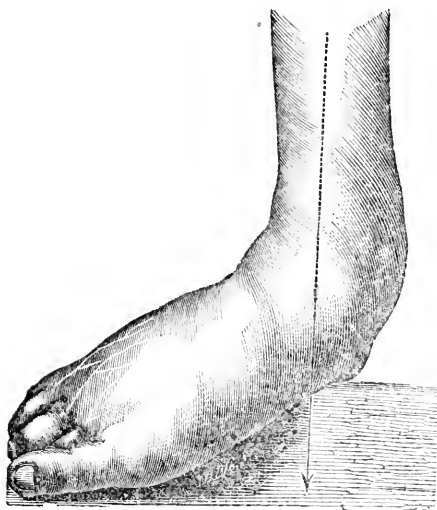


FIG. XIII.

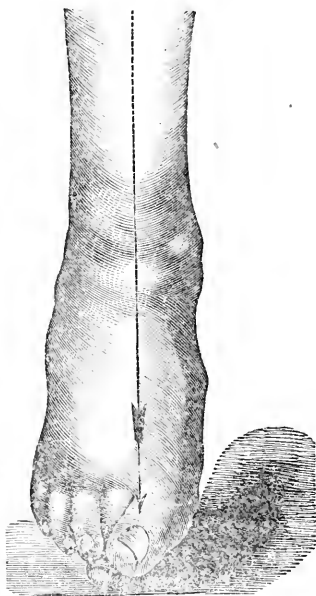


FIG. XIV.



The pressure at the internal malleolus by the circular steel plate was quite firm, and produced considerable pain in walking for the first few weeks. The rigidity of the ankle-bones limited the flexion of the foot for some time after it was brought to a line with the leg.

At this period, Sept. 8th, the patient begins to enjoy the motions of the leg on the foot, and also to move his toes; the leg has increased one-fourth in size since the commencement of the treatment, and he is able to walk without any support and without any fatigue.

Drs. Bacon, Woodward, Smith, Morgan, Cogswell, and Ives of New

England, are familiar with this case, and Professors Tully and Knight have examined the patient since his foot was restored—also the gentlemen who kindly referred him to my care.

I have several patients under treatment for the cure of false anchylosis of the knee-joint, with different degrees of flexion. Three cases have been perfectly restored. Some of these deformities are of many years' standing. The results we propose to relate in a future No. of this Journal.—*Amer. Jour. of Med. Sciences.*

DISEASE AND SLOUGHING OF THE RECTO-VAGINAL WALL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed in a former No. of your Journal a paragraph, extracted from the London Lancet, under the caption of “Ventro-vaginal Fistula,” which reminded me of a case that came under my notice in 1834, that gave me not a little anxiety at the time. Its anomalous character and favorable termination interested me much, and may not be uninteresting to others. This case, however, I did not call ventro-vaginal fistula, but disease of the recto-vaginal wall, which eventually sloughed and came away per vaginam.

I find, by reference to my note-book, that I was called to see my patient Dec. 31st, 1833. She was about 30 years of age, married, and had previously borne six children, the youngest of whom was about four months old, born under my superintendence, after a severe labor. At this time she was laboring under feverish action, accompanied with difficult respiration, with sense of stricture across the chest, cough, constipation of the bowels and frequent pulse, which confined her principally to bed, although it was with difficulty she could lie in a recumbent position. After bleeding, and unloading the stomach and bowels, my patient was in some manner relieved, and no regular fever was developed, although an irregular febrile action, accompanied with cough and costiveness, confined her to her room till the latter part of January following, when my visits were discontinued, as she had every appearance of a rapid convalescence, with the exception of some irregularity in her alvine motions, for which she was directed to use laxatives. I did not see her again till the night of Feb. 5th, when I was hastily hurried to her bed-side, by her husband, who supposed her dying. I learned she had remained convalescent up to the day previous, when, contrary to my advice, she had taken three of Thayer's pills (a patent article, composed of gamboge, aloes, and other drastic substances), and in the evening an injection of salt and water. While upon the stool she was exercised with retching and vomiting, when a protrusion took place from the vagina, accompanied with severe pain, which was succeeded by partial syncope. I found her lying upon the bed, her countenance indicating all the suffering her attendants had described. From what I learned, I supposed at once that my patient was now laboring under prolapsus uteri, and without further delay carried my hand directly to the vulva to ascertain the amount of difficulty. The protrusion was perceptible, and without being particu-

lar to examine for the os uteri, as usual, in what I supposed to be similar cases, I carried my hand forward into the vagina, restoring the prolapsus. I subsequently placed her in bed with her hips raised, and left her for the remainder of the night, with the injunction that she should have an opiate to allay irritation and procure sleep if necessary.

The next morning I found her feverish, restless, and in pain in the recto-vaginal region, and on examination per vaginam the os uteri was found in its natural position, when a mystery began to hover around the case. Subsequently a consultation was solicited and obtained, but the cloud was not dispersed till several days after, when I was informed by her attendant that she had had a fecal discharge from the vagina, accompanied with a "fleshy substance," which had been preserved for my inspection. On examination, it proved truly to be a fleshy substance, measuring, when fully extended upon the table, five inches by three, exhibiting its rectal and vaginal surfaces. The patient was again examined by passing the index finger of one hand into the anus and the same finger of the other hand into the vagina, when it was discovered that the *recto-vaginal wall* was gone, the fingers freely meeting and passing together along the two (?) canals. The sphincters, however, remained entire. The course of treatment was simple, but successful. The bowels were kept freely open with laxatives and demulcents, accompanied with antiseptic injections with laudanum. Fæcal discharges passed wholly from the vagina for about three weeks, when it was announced that she had had a discharge per via naturalis; from which time she rapidly improved, and before the close of March I again dismissed my patient, doing well. Since then she has borne three children. Her labors have not been unusually severe. The cicatrix is sound and perceptible to the touch, inclining a little to the left of the centre.

Queries.—Did the disease commence in the rectum in the early part of the first confinement? and if so, was there an actual inflammation pervading the rectum which induced costiveness? or was it nothing more than a loss of tone of the muscular fibres? and would my patient probably have got well without the loss of the "partition wall," had she followed my advice instead of indulging with patent drastics? What was the projection from the vagina, while vomiting, but the recto-vaginal wall, being favored by hardened feces in the rectum? Yours truly,

West Amesbury, Jan. 18th, 1841.

BENJ. ATKINSON.

SUCCESSFUL OPERATION FOR STRABISMUS AND ECTROPEON.

BY P. W. ELLSWORTH, M.D., HARTFORD, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

THE operation for the cure of strabismus was performed by myself, January 9th, upon Mr. C. S., of this city, 23 years of age. The deformity originated in a burn when the patient was about five months old. Not only strabismus inwards of the left eye was produced, but very great ectropeon, owing to contraction of the cicatrices, greatly distorting the face. For this last deformity Mr. S. was operated on by myself

several months since. The elongation of the eye-lids downwards and outwards, and the eversion of the lower one, were so great, that it was found necessary to unite their edges towards the outer canthus. This was done by paring their edges three-eighths of an inch, and taking a single suture. The object intended was accomplished, and the appearance of the eye much improved. Mr. S. now desired to be relieved of the strabismus; which was accomplished in the following manner, very much as recommended by Liston.

The globe of the eye was fixed with a fine double hook, the superior lid elevated by a narrow speculum constructed for this purpose, and held by an assistant, and the lower lid depressed by the finger of another. A fold of conjunctiva was then raised with forceps having minute teeth, divided with curved scissors, the muscle exposed by a little dissection of the submucous cellular tissue, a blunt hook passed under, and the tendon divided by another cut with the scissors.

Fixing the eyeball is sometimes dispensed with. I have operated both with and without, and some others do the same, but it appears to me that unless the patient has much fortitude, the double hook should be used. If not, the rolling of the eye removes the muscle from the line of search and prolongs the operation. Probe-pointed scissors, cutting nicely to the point, easily expose the sclerotic coat, and do not endanger the eye, even if the patient is restless, nor alarm as much as the idea of a knife. For myself I much prefer the forceps for raising the conjunctiva; it takes readier hold than a hook, and if any dissection is necessary, is more convenient. For if the tendon is not immediately found, the cellular tissue becomes filled with blood, and is not easily managed with the latter instrument. Minute teeth, amounting to little more than a mere roughness of the point, render the hold upon the slippery membrane more certain, and add nothing to the pain. Mr. S., during the whole operation, complained of nothing except pressure upon the ball with the speculum, and was surprised when informed that the operation was completed.

The time occupied in the division of the muscle in this case, from the first clip through the conjunctiva, might have occupied a minute or a minute and a half, though no exact reckoning was kept of time; nothing happened to cause any delay in its completion. For a few days the eye had a slight inclination outwards from the action of the antagonist muscle; this has ceased, and it is now perfectly straight. The power of rotating the eye inward is daily increasing, but like the other eye it is obedient only to the will.

So far as an operation can be successful, this is complete. It remains to be seen whether improvement in vision will follow to the extent stated by writers on this subject. In the case of Mr. S., the eye operated on is somewhat weaker than its fellow, though I believe it to be mainly owing to disease; if so, he may hope for the best. The application of cold water was all that was necessary, to keep down inflammation or allay pain. A fungous growth required the application of nitrate of silver, and is now almost entirely gone.

The only cases I have operated on were cured by division of the in-

ternal rectus. I shall in a few days operate in a case where the external rectus is at fault, the patient being obliged to delay a short time.

January 20, 1840.

DISEASE OF THE LUNGS, WITH TEMPORARY LOSS OF VOICE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of disease of the lungs, with loss of voice, may have some interest with some of your readers.

The subject is a married lady, about 35, the mother of two children. She is a slender woman, and has been subject to cough in the winter for some years. She has also been subject to dyspepsia, which has been removed by a visit to the Springs and a free use of Congress water. In the month of February, 1840, her cough was worse than usual. It increased daily till it became very severe, accompanied with pains in the chest and loss of voice. Such had been her situation a week or two when I visited her. She complained now of cough, pains in the chest, and a sense of great weight on the shoulders. She could not sleep well at night, and when she did she awoke faint, requiring more air. There was soreness of the throat and fauces. Her countenance was sallow, with very great pallor of the lips. The pulse was small, about 100. The respiration was hurried, and produced a cough at a full inspiration. The cough was hard and frequent; the expectoration small, and some streaked with blood. She could not lie on either side. On percussion there was flatness at the upper part of both sides, but greatest on the left. On auscultation at these parts, on the right side the vesicular respiration was heard, louder than natural. On the left side it could not be heard. The menstrual function was regular, but at these times there was faintness for many days. I directed the use of antimonials as largely as could be borne. To procure sleep, the extract of conium from 1 to 3 grains; which answered well. In a few days counter-irritation was used, and kept up by the tartar ointment. Under these remedies there was some amendment of the cough and pains in the chest; the expectoration became quite copious, and not often streaked with blood.

She continued thus, with some cough, particularly in the morning; with inability to lie on the left side (for she was now able to lie on the right), and pains through the collar bones. The soreness of the throat had yielded to a gargle of the nitrate of silver; but there was no restoration of voice. Such was the state of her health for many months. As soon as the weather would permit, she rode out daily, and soon walked out in the middle of the day. I directed her to use the elixir vitriol three times a day in doses of a teaspoonful, which was the only tonic that she could bear. The weather having now become warm, I advised her to use the warm salt-water baths every other day, which she continued for six weeks, gaining strength under the use of them. In July I persuaded her to go into the country. She there tried electricity to the region of the throat, but it rather increased the pains in the chest,

and she discontinued it. She found, deprived of the salt baths, as she was in the country, she improved but little, and returned. She again commenced them, which she continued twice a week as long as the weather would allow.

With these symptoms it was highly necessary that she should leave, before cold weather, for a southern climate. She had been sick now about eight months, and her improvement had been so gradual that the approaching winter was looked forward to with great anxiety by her friends. She concluded to leave, and sailed in November for New Orleans, to spend a few months there, and from thence to Havana. She had been in New Orleans about six weeks, when she wrote that she had regained her voice; her cough was all gone, and she had gained several pounds in weight. Thus, after the lapse of a year, she has gained her voice. Whether there will be a permanent removal of the disease of the lungs, remains to be seen.

J. W. BEMIS.

Charlestown, Jan., 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 3, 1841.

ETIOLOGY OF PULMONARY AND RHEUMATIC DISEASES.

WE have received a reprint from the American Journal of the Medical Sciences, entitled "*Statistical Researches relative to the Etiology of Pulmonary Consumption and Rheumatic Diseases, illustrating the application of the laws of climate to the science of medicine; based on the records of the medical department and adjutant general's office. By Samuel Forry, M.D., of the U. S. Army, &c.*" That Dr. Forry is a man of close observation, and devoted to the interests of medical science, cannot be questioned by those who have an opportunity of examining this production. Some men seem to be particularly organized for statistical investigations, and the world is indebted to a very few persons of that denomination for pretty much all that is known of the operation of certain general laws and the influence of climate on the human race and the vegetable creation. Not long since a favorable opinion was expressed of the value of the Meteorological Register, by Dr. Lawson, the Surgeon General of the U. S. Army—and by a note appended to this pamphlet, it seems that the author had something to do with that also. We sincerely hope that Dr. Lawson will keep his whole medical corps busy at their various stations in collecting such information as this. It is the English fashion—and in no instance should be neglected. Dr. Forry has the precise qualifications for a collector of facts, and the industry to arrange them judiciously for reference; and what is better still, sound learning and discretion to guide him in all his pursuits. Had not this production already appeared in a neighboring Journal, a more elaborate notice would have been given of it here.

Phrenology and Temperance.—Mr. O. S. Fowler has constructed a pamphlet of twenty-four pages, in which he has discussed, phrenologically,

ten propositions—showing, first, the laws which govern the relations existing between certain states of the body and those of the mind; next, the penalties attached to their violation; and the effects of alcoholic drinks of every kind and degree upon the physical and mental economy. In the first proposition Mr. Fowler assumes that there exists reciprocal relations between the conditions of the body and the states of the mind—each influencing and being influenced by the other. As a whole, we view the undertaking as an ingenious contribution to the cause of temperance, logically, phrenologically and medically considered. It may touch a string that no other argument has reached, and its circulation, therefore, should be encouraged by the temperance reformers. If phrenology supplies cogent reasons for living temperate lives, it is turning the science to a practical account at a momentous period. With these remarks, we recommend our friend Fowler's contribution to the cause of morals, health and happiness, to all who feel their accountability to society for the manner in which they exert their influence.

The Bulletin of Medical Science.—Hereafter a periodical, with this title, will take the place of the *Eclectic Journal of Medicine*, edited by Dr. Bell, of Philadelphia. The Library is to appear every *three months* instead of monthly, and both will cost but five dollars a year—just half of the former price. Dr. Bell is an admirable manager of a journal, and we hope, therefore, that he may have such encouragement as he is entitled to on the score of medico-literary qualifications. What was the necessity, however, for changing the name? Those who pay—and those who subscribe for these things should conscientiously remember that a moral obligation rests upon them to settle according to the terms of publication—will not complain at the reduction of price. The Bulletin has our good wishes.

Births, Deaths and Marriages in England.—Mr. Farr, one of the principal assistants of the Registrar General, has kindly sent us the second annual report of that officer, containing the births, deaths and marriages in England, brought down to June, 1839. There is an immense amount of information upon these matters concentrated in this volume, some of which has already been copied into our pages; but to be appreciated it must be carefully examined from page to page, and table to table. We have not yet had time for ascertaining all the claims which men of science are under to the British Parliament for the measures adopted by that enlightened body for the advancement of knowledge on a most important subject.

Lectures on Physiology.—Some weeks ago reference was made to a popular course of lectures on general physiology by Reynell Coates, M.D., of Philadelphia, who still remains in this city. Having listened with undiminished interest to his discourses, we cannot refrain from regretting that they have not been better appreciated and sustained. Dr. Coates embraces a wide field, and illustrates each department by beautiful drawings. The only way of explaining the apparent apathy of the public towards this very elevated series of popular instruction, is, that there have been so many courses of lectures among us upon all sorts of subjects, under the auspices of the various associations with which our city abounds, that

the people were generally occupied before Dr. Coates arrived. In copiousness, beauty of expression, and number of physiological facts, logically presented, we have not heard any one excel this gentleman. When his qualifications and professional attainments are more extensively known in New England, he cannot be otherwise than admired by those who find their highest pleasure in the study of nature.

Medical Journals.—The Philadelphia Medical Examiner has pounced upon Dr. Hays, of the American Journal, quite spiritedly, for the course taken either by himself or the publishers of the Journal which he conducts, for certain efforts made to monopolize medical influence and contributions at the West. It is quite impossible for any one periodical to be the sole and exclusive organ of the profession in this great country. A diversity of views and opinions, aside from local interests, will keep a host of such works alive, though the existence of some of them may be but a protracted starvation.

Alexis St. Martin.—In the page of miscellany, last week, this celebrated individual, on whom Dr. Beaumont performed such a variety of experiments, and for whose transportation to England several hundred pounds were appropriated some months ago, was spoken of as now residing at Elizabeth, Lower Canada. George E. Bull, Esq., of that place, has kindly answered the inquiry, made some time since, as to the place of his abode. Under date of January 18th, he says—"I beg to inform you that Alexis St. Martin is a resident of this parish, and that I saw him myself not long since." It will be recollected that this individual has lost the fundus of the stomach—and the arch of the ribs being gone, together with the muscles, a spectator can look directly into the organ and witness the process of digestion. When we last saw him in Boston, he appeared in excellent health—tripping about the streets with an elastic step which seemed quite irreconcilable with the idea of a large opening into the interior of the stomach.

Medical Promotions in the U. S. Navy.—Dr. Edward Gilchrist, to be a surgeon in the navy, from the 27th of Sept. last. Dr. John A. Lockwood, to be a surgeon, also, from Oct. 13th. Nathan F. H. Moore, to be assistant surgeon, from Oct. 13th. John Thomly, to be assistant surgeon, from Oct. 13th. Joseph Hopkins, to be assistant surgeon, from Oct. 13th; and Daniel P. Byon, to be also assistant surgeon, from the same date. How many of these gentlemen belong to the New England States?—inquires one who has an eye to what he calls the just equalization of national patronage.

Preservation of Seeds.—Prof. Sharpey, in his recent lectures on anatomy and physiology, speaks of the distinctions of organized bodies, and thus alludes to the fact of seeds retaining their vitality for a long time:—"The seeds of plants will sometimes continue for a long season unchanged, and yet retain life, provided they are not exposed to the external influence of light, moisture, air, &c. Long buried deep in the earth they remain unchanged, but exposed to these influences they will grow and live. No doubt a seed is a part of an organized or living body, and

here is a case where an organized body remains unchanged. I need scarcely remind you of an example furnished by Dr. Lindley. In an ancient sepulchre in the west of England, seeds were found which were proved to belong to the wild raspberry; they were discovered in the belly of the skeleton, and had apparently been swallowed by the person when alive; they had remained for many centuries, but notwithstanding this, when sown and brought to life again, they produced the wild raspberry tree, which grew and flourished. In this case the seeds had been lying dormant. I shall not enter into the subtle question of how far a seed is to be considered an organized or living body; but the fact referred to scarcely constitutes an exception to the rule laid down, at least it is only a modification of it, because as soon as seeds are exposed to the usual external influences necessary to effect a change, they must either grow or decay, and die. The only modification required would be this: that living bodies, exposed to the influence of external agents, heat, light, air, moisture, necessarily undergo the change of nutrition. Another case is the well-known example of mosses, and other simple plants, which having been kept by the herbalist or the botanist for nearly a century in a dry state, have, on being moistened, been known to flourish. Here life was dormant, but, on being exposed to the usual influences, it was necessary they should live and grow, or die and decay; they could not remain unchanged.

Polydipsia, or excessive Thirst.—We published, in August last, an account of a man then in this vicinity, who was in the habit of swallowing about six gallons of water every 24 hours. The account was extensively copied in the papers, and has drawn forth the following notice of analogous cases, which comes to us in a letter from the postmaster of Livingstonville, N. Y.

“There is a man, a resident of this town, and who resides within two miles of my house, who also daily drinks 24 quarts of water, and upon certain times, when attacked with the sick headache, which he is subject to, he drinks 48 quarts. He drinks until it operates as an emetic, when he gets immediate relief. There was also a gentleman, late of Schoharie C. H., who used to, when living, drink 24 quarts every 24 hours.”

Myosis from Non-absorption of the Pupillary Membrane.—A contracted state of the pupil is sometimes met with as congenital. The iris is imperforate in the early stage of fœtal life; the serous membrane passing over its entire surface, and that of the pupillary space, without interruption. The portion which stretches across the pupil is usually absorbed about the sixth or seventh month, although some writers state that they have frequently observed it at the period of birth. Sometimes, indeed, it is stated to have continued as a permanent barrier, although this is an extremely rare occurrence, so much so that I have never witnessed an instance. “When the pupillary membrane (says Mr. Wardrop) is not absorbed before birth, it appears in the form of an opaque web, which is easily distinguished from cataract by being vascular, by the size of the pupil being unalterable, and being on the same plane with the iris.” The treatment of such a case must be the same as for congenital cataract; indeed it would be impracticable to rupture the pupillary membrane, without, at the same time, injuring the capsule of the lens.—*Walker's Lectures.*

New Hampshire Asylum for the Insane.—We are glad to learn, from the New Hampshire papers, that the location for this institution is at length fixed upon by the Trustees. It is the Gale place, so called, in Concord, and is situated on the Hopkinton road, south-west of the State-house, and about a third of a mile from Main st. The position is elevated, and commands an extensive and pleasant view of the village, of the river, and of the country about. The farm for the Asylum will contain about 110 acres of land. Messrs. Conant and Peaslee were appointed a committee to superintend the erection of the building, and have already invited proposals for the furnishing or manufacture of bricks.

To the Editor of the Boston Medical and Surgical Journal.

RESPECTED FRIEND,—Wilt thou do me the favor to state in the next No. of thy Journal, in relation to the article headed "Extraordinary Case of Dropsy in a Female," inserted in the No. of the 20th inst., that the appellation "Sir" was not contained in the manuscript forwarded to thee, and that what is printed "Mrs. B." reads in that "M. B.," being the initials of the patient's name. Although this may seem too small a matter to thee to require notice, yet it is of consequence to me as a member of the Society of Friends.

Thy friend truly,

Providence, 1 mo. 25th, 1841.

SAMUEL BOYD TOBEY.

Medical Miscellany.—Mrs. Franklin, of Purleigh, Eng., had her 23d child, within 24 years, on the 19th of Dec. last.—In the week ending Nov. 28, the total number of deaths, from all causes, in London, was 862.—The American Journal of Science and the Arts, due in January, has not yet reached Boston. The editors have issued a new prospectus, in which they propose franking all the numbers which are taken directly from them by mail. This will be a good arrangement, if the income of the establishment will warrant the expense, as it will make the Journal cost not far from one dollar less, annually. The price is \$6. We always hold ourselves in readiness to transmit the names of subscribers to this work, and do all other obliging things, for gentlemen residing in the interior of the country.—For want of proper ventilation in the State-house of Indiana, it is supposed that several members of the Legislature have died. They were taken with a severe ulcerated sore throat, and subsequently a congestive fever that ended in death.—There are 20 physicians in the Foreign Missionary service—ten of whom also officiate as preachers. Dr. Peter Parker, now in this country, has acquired more reputation than any medical man heretofore in the missionary interest abroad. Dr. Adams was at Port Natal, South Africa, at the last accounts.—Dr. King, agent of the United States, has made a report to the War Department, on the mineral lands of the government.—Dr. Theodore Vogel, a learned German, is to accompany a new expedition from England to explore the Niger.—Scarlet fever prevails alarmingly at Chippewa.

Number of deaths in Boston for the week ending Jan. 30, 29.—Males, 10—females, 19. Stillborn, 4. Of consumption, 6—child-bed, 1—suicide, 1—dropsy, 1—cancer, 1—asthma, 1—lung fever, 3—debility, 1—intemperance, 1—hooping cough, 1—infantile, 3—measles, 1—fever, 1—disease of the brain, 1—fits, 2—croup, 1—old age, 1—sudden, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held on Wednesday, February 3d, at 11 o'clock, A. M., at their room, Athenæum building, Pearl Street.

J 27—tm

GEO. W. OTIS, JR., *Rec. Sec'y.*

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	-	DR. PERRY.
Midwifery, Materia Medica and Demonstrations on }	-	DR. BOWDITCH.
Morbid Anatomy at the Hospitals, by }	-	
Anatomy, Surgery and Medical Jurisprudence, by	-	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 412 Washington st.,

DR. STEDMAN, Chelsea Marine Hospital,

DR. BOWDITCH, 8 Otis Place,

DR. WILEY, 467 Washington st.

S. 16—cop't.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 25—1amtMcHeoptO

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1841, and continue three months.

Anatomy and Surgery, by	-	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	-	JOHN DELAMATER, M.D.
Obstetrics, by	-	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	-	PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, Secretary.

Brunswick, October, 1840.

D. 2.—6t

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence on the second Thursday of March, 1841, and continue fourteen weeks.

Theory and Practice of Medicine, by	-	HORACE GREEN, M.D., N. Y.
Anatomy and Physiology, by	-	ROBERT NELSON, M.D., N. Y.
Chemistry and Pharmacy, by	-	JAMES HADLEY, M.D., Fairfield, N. Y.
Surgery and Medical Jurisprudence, by	-	JAMES BRYAN, M.D., Philadelphia.
Materia Medica and Obstetrics, by	-	JOSEPH PERKINS, M.D., Castleton, Vt.
General Pathology, by	-	C. L. MITCHEL, M.D., N. Y.
Demonstrator of Anatomy	-	EGBERT JAMIESON, M.D., Castleton, Vt.

Fees for the course, \$50. Matriculation, \$5. Graduating expenses, \$15.

Castleton, Vt., Nov., 1840.

N. 18.—1amtM&cover

JOSEPH PERKINS,
Registrar.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov. 25.—2w&1am6m.

A. F. BARTLETT,

Agent for JOHN R. CHAPIN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.



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